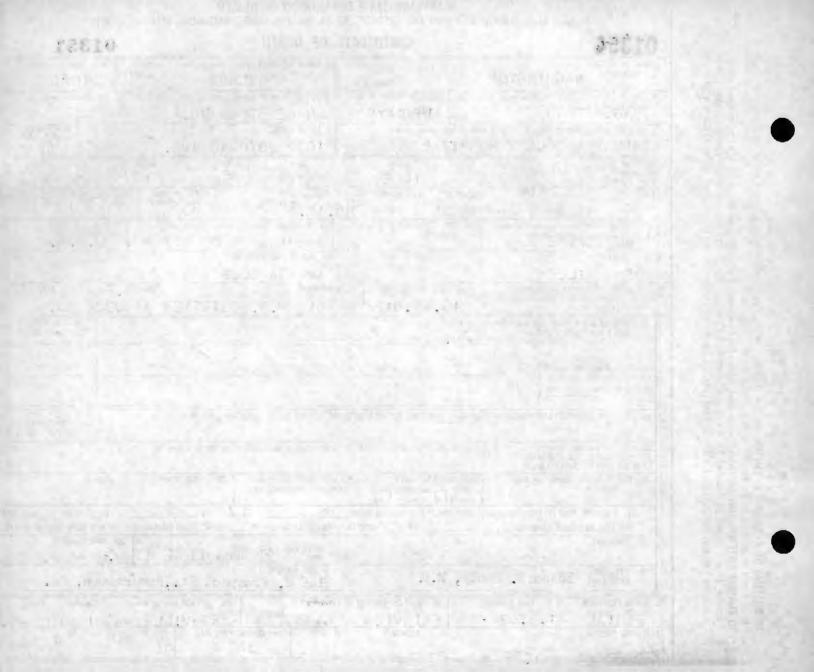


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01353 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE EALTH DEP PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Washington Maryland Frederick death. MARYLAND deloy ond 3 1 State Department b. CITY OR TOWN (If outside corporate limits,
High Stown) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give neorest town) 2, o. PM3. P 11 days Thurmont d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS e IS RESIDENCE ON A FARM? word "pending" in pencil in Item 18. Give Pages 1, the Chief Medical Examiner's Office along with farm hours Washington County Hospital Sabillas ville Rd YES T NO 30 24 hours after deoth. Middle 4 DATE Month WITH 122 DECEASED Jan. 25 with the Helen M. Baker 67 19 DEATH IF UNDER TYEAR S. SEX 6. COLOR OR RACE 7. MARRIED 20 NEVER MARRIED 8. DATE OF BIRTH AGE (In years IF UNDER 24 HRS. by bythdoy) Months Doys Hours 7-3-1909 white famale WIDOWED DIVORCED land2 event 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life even if retired) INDUSTRYOWN Home COPINER XS Wash. Co. pages l 13. FATHER'S NAME be executed within 14 MOTHER'S MAIDEN NAME Graham Getz Laura pup IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes no, ar unknown) (If yes give wor or dotes of service) or removal. Thurmont, Md. Morris F. Baker None 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN Pulmonary emboli RIEC EN BEATH IMMEDIATE CAUSE (o) s a burial-tro cremotian, o e, writing the word farworded to the Ch This certificate shauld DUE TO Fracture of skull Conditions, if ony, which gave ll days rise to immediate couse (a). DUE TO stoting the underlying couse Subdural hemorrhage, postoperative used os buriol, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? Laceration of brain please execute the certificate. YES X NO F pe agent, prior to 20o. EXTERNAL CAUSE WAS PRIMARY DOI CONTRIBUTING 20b, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) Fell in home on 1-14-67 CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (Stote) 9PM Hour o.m. factory, street, office bldg., etc.)
Home While moy be retoined for your FUNERAL DIRECTOR: Poge Jan. 14 1967 While of work Thurmont. Frederick Co. Md. designoted 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry , for Inspection ond in my opinion the funeral director. death resulted fram: Accident . Suicide . Natural causes Hamicide Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED Heolth or its ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER 1-25-67 **EXAMINER'S** NAME (Type) E. W. DITTO. Address (Street, city, town, or county) 23b. DATE THEREOF 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY (County) 0 B12 PEMOVAL (Specify) 1-28-67 Fred. Co. Md. Blue Ridge Cemetery Thurmont Raymond E. Creager 24. FUNERAL DIRECTOR 250, REC'D BY REGISTRAR 251 PIGISTRAR'S SIGNATURE JAN 30 VR A15ME (5) Ore adu Thurmont. Md.

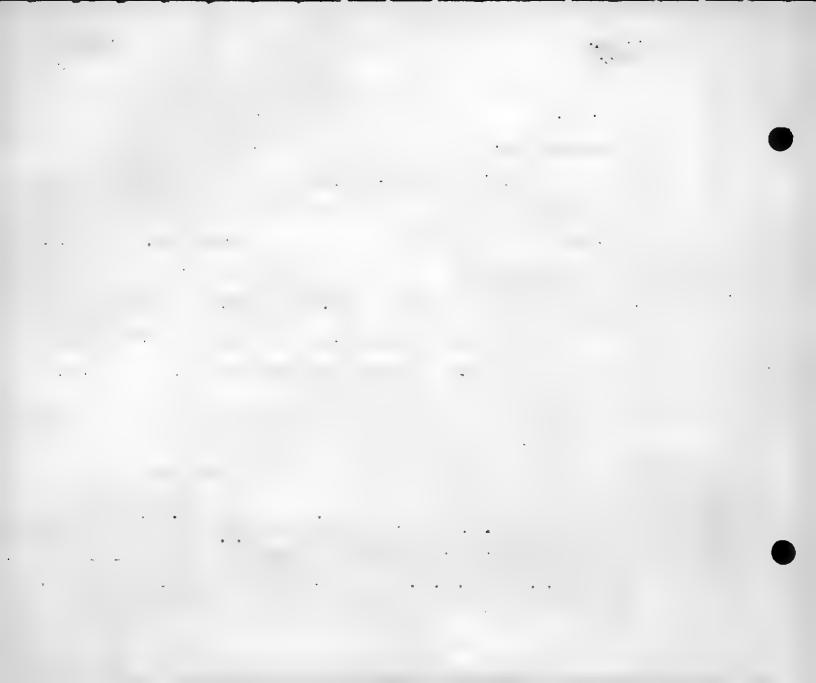




Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01356 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death death physician and campletely filled in by the funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY a STATE b. COUNTY Washington Maryland Washington MARYLAND b. CITY OR TOWN (If autside corporate limits, C LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give necrest tawn) write RURAL and give pearest town) ian papers. Pag within 72 haurs 55 urs. Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Washington County Hospital 817 View St. NO X YFS 3. NAME OF Middle Last 4. DATE Month Year DECEASED Elizabeth Martha Baltzley (Type or print) January 19 67 DEATH S. SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED X NEVER MARRIED last birthday) Manths Days Female White July 14.1880 WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most afrwarking life, everyif retired) NOWSTRY HOME COUNTRY Baltimore, County, Md. 13. FATHER'S NAME William Randolph Hipsley Anna Catherine Cronhardt IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 5 Mr. A. L. Baltzley Mangansville Md\_ 214-09-61478 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit erebro-vascular IMMEDIATE CAUSE (a) arterio - Scherosis Conditions, if any, which gove rise to immediate couse (a), DUE TO stating the underlying cause as the last. DOS PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? for ostcomueliti NO X TO HOSPITAL OR ATTENDING PHYSICIAN: 1 Page 4 may be retained by the haspital ar this certificate þ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) factory, street, affice blda., etc.) Not While 21. I certify that (I) (this hospital) attended the deceased from 12 19 66 , ta 1967, that (1) (we) last 1967, and that death accurred at local M, fram causes and an the date stated above. O FUNERAL DIRECTOR: saw the deceased alive an. 22a. SIGNATURE 22b. DATE SIGNED director, page 3 should be filed v M.D. PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Hagees 23a. BURIAL, CREMATION, REMOVAL (Specify), Surval 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) (County) Washington, Md. Rest Haven Cemetery Hagerstown 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 1967 Rest Haven Funeral Chapel Hagerstown, Md.

THE PARTY OF THE PARTY OF 5.56 22510 messasida ve and a such say 37 hand a mile Souther to be laintly the took to the title that the with the latety in this so, I AS CONTRACTOR OF THE STATE OF T and the second of the second o the team of the season of the Cerebro-vascular decident 48 kmis Generalized arteria-scherosis years north to the contract the stronger of Americation of right are toe for astromy elitis on 1/7/67. (9 6/1 m 1E/E) (1) Co. B. Sprecher, Tr.Mp. Hagerstown, Md. Could Whit T. Koust Coursely histories production.

7-	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	# E()	O1357 CERTIFICATE OF DEATH 01354
	after death. the funeral	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission a. COUNTY b. COUNTY
	ter he l	WASHINGTON MARYLAND WASHINGTON
	s al	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
	in Financial	HAGERSTOWN   55 YEARS   HAGERSTOWN
	eccuted within 24 hours after and completely filled in by the femove carbon papers. Pages 1 any event, within 72 hours after	323 LINGANORE AVENUE 323 LINGANORE AVENUE YES NO X
	executed within and completely remove carbon I any event, with	3. NAME OF First Middle Last 4. DATE Month Day Year OF
	d w car ent,	(Type or print) MABEL, KATHLEEN BARNHART DEATH JANUARY 22 1967
	cute 1 co 1 co y ev	7. MARKIED   NEVER MARKIED   Jast birthday) Months   Days   Hours   Min.
	exe n and rem in an	FEMALE WHITE WIDOWED NOT DIVORCED MARCH 14 1889 77 yrs. Months Days Hours Min.  103. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
	be cian sse nd ir	country?
	ate hysic pleg	HOMEMAKER FRANKLIN COUNTY PENNA. U.S.A.  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME
	certificate be exidence of the control of the contr	AVANCE OF ACTIVED
	5 E-6	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 17. INFORMANT 223 Address a MODEL AVE
	e death co	(Yes, no, or unknown) (Hyes give war or dates of service) WD 201291 MRS.NACY E KECKLER HAGERSTOWN MARYLAND
	de de	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
	- > o =	PART I. DEATH WAS CAUSED BY:  ONSET AND DEATH  ONSET AND DEATH  ONSET AND DEATH  Few minutes
	that icial icial led I-tra II, cr	420- MMEDIATE CAUSE (a) COPORARY INFORMOSIS
	es des des des des des des des des des d	Conditions, H any, which ) (b) Arteriosclerotic Cardio Vascular Disease Recent
	문문 등 의 의	gave rise to immediate ( Cause (a), stating the DUE TO
	aw rettendii	underlying cause last, (c)
	교 준 수 있 날	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	E 2 2 2 3	YES NO X
	ospit certi hed t. of	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20a. ACCIDENT WAS UNDERLYING COURSED. (Enter nature of Injury In Part 1 or Part II of Item 18.)
	HYSICI the hos this ce letache Dept.	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, Hour a.m. (white New White Sectory, street, office bldg., etc.)
		20c. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLACE OF INJURY (Home, farm, Hour a.m. While at work at work at work
	ATTENDING retained by CTOR: After should be rith the Stat	21. I certify that (I) (this hospital) attended the deceased from Nov. 6, 1966, to Jan. 22, 1967, that (I) (we) las
	L OR ATTENI y be retaine DIRECTOR: age 3 should	saw the deceased alive on Nov. 6, 19 66, and that death occurred at 2:20, from the causes and on the date stated above
	m ∞ ≥	22a. SIGNATURE  A.W.  ATTENDING MED. STAFF PHYS.   7-21:-67
	TAL OR may be AL DIR ; page oe filed	ATTENDING MED. STAFF DIRECTOR STAFF PHYS. 1-2);-67  1 220, PHYSICIAN'S
	F. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.	NAME (Type) E.W. DITTO JR. M. D. 215 W WASHINGTON ST. HAGERSTOWN MD.
	Page Funding direct	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
	E E	BURIAL   1/25/67   REST HAVEN CEMETER!   HAGENSTOWN MARTIAND
	n	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	VR AIS (4)	Charles m Kouger HAGERSTOWN MARYLAND DATE JAN 27 1967 Ochowley Judge
	ZUM 1/03	



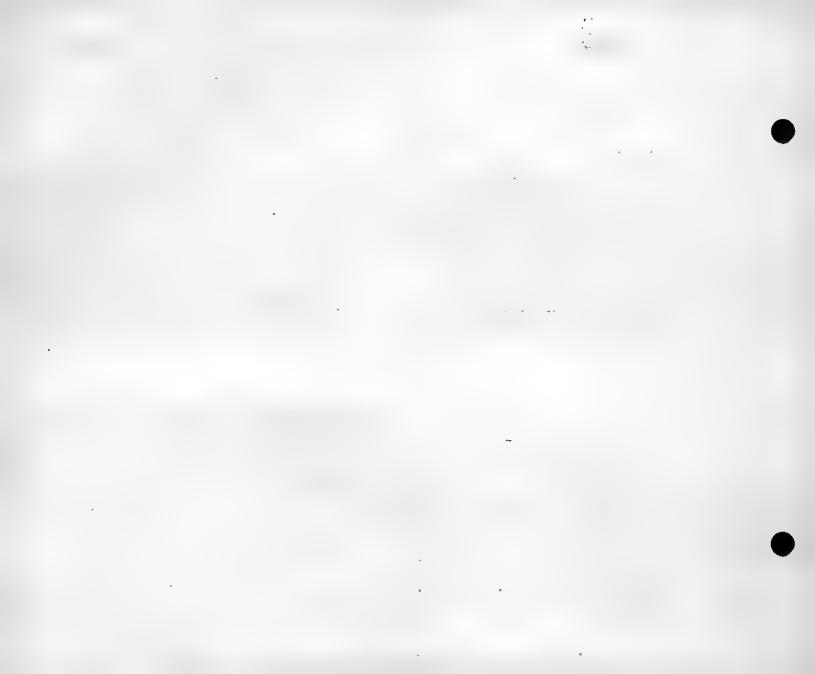
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01358 requires that the death certificate III Executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institut an Residence before admission) PLACE OF DEATH Washington Marvland Washington ician and campletely filled in by the fur lease remave carban papers. Pages 1 and in any event, within 72 hours after MARYLAND c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carparate timits, write RURAL and give nearest town) b CITY OR TOWN (If autside corparate limits, Days Hakerstown d NAME OF HOSPITAL OR INSTITUTION (11 nat in haspitat, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Washington County Hospital 1323 West Church St YES NO PC Middle 3. NAME OF 4 DATE Month Day Year DECEASED OF Many MOSS DANTEL BARNHART 20 1967 (Type or print) 19 IF LINDER 24 HRS IF UNDER 1 YEAR 6 COLOR OR RACE 7. MARRIED DATE OF BIRTH 9. AGE (In years NEVER MARRIED last outhday) Hours Male White July 20 1877 WIDOWED KIK DIVORCED 10a USUAL OCCUPAT ON (Give kind of work dane during most of working life, even if retired) 11 BIRTHPLACE (County & State or foreign country) Pa 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR Retired attending physician permit. Then please State Line Franklin 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME signed by the attending physi bur al-transit permit. Then pl burial, cremation, ar remaval, George D. Barnhart Ida K. Bowers 17 INFORMANT 16, SOCIAL SECURITY NO 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, ac, or unknown) (If yes give war or dates of service) 214-69-3944 Russell Barnhart Hagerstown Md. 20 West Long Meadows Road INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) )
PART 1. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE (AUSE (a) Arteriosclerotic Cardio Vascular Disease Several vears DUE TO Conditions, if ony, which gave (b) rise to immediate cause (a), DUE TO stating the underlying cause the So WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) be detached far use State Dept. of Health NO TO TO RESPITAT OR ATTENDING PHYSICIAM: 1
Page 4 may be retained by the haspital ar certificate 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) 20g ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e PLACE OF INJURY (Hame, farm, 20d INJURY OCCURRED (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year TO FUNERAL DIRECTOR: After this Not While MED factory, street, office bldg.etc.) at work ATTENDING at wark 21 | certify that (1) (this haspital) attended the deceased from 1 - 18-, 1967, that (I) (we) last , 19.67 , to 1-20-19.67, and that death accurred at 5 P. M, fram causes and an the date stated above saw the deceased alive on 1\_10\_ 22o, SIGNATURE 22b. DATE SIGNED STAFF DIRECTOR 1-21-67 M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Washington St. 23c NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) 23a BURIAL CREMATION Prices Cemetery near Waynesboro Franklin C 250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Sagerstown VR A15 (4) Coffman Funeral Home Inc Melianter



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death 24 hours after death. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) h. COUNTY Maryland Washington b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) letely filled in by rabon papers. Page t, within 72 hours a vrs. Takoma d. NAME OF HOSPITAY OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Farr e. IS RESIDENCE Dants! Carroll ON A FARM? Jome WILLIAMSDOT anitarium YES NOexecuted within 3. NAME OF Middle Last DATE Day Month Year DECEASED (Type or print) CUKGUS (C) DEATH 18 1967 777 0 awn bach anuary SEX remove 6. COLOR OR RACE DATE OF BIRTH 9. AGE/An years LIFUNDER 1 YEAR IF UNDER 24 HRS 17. MARRIED NEVER MARRIED last birthday) Months I Davs any pue WIDOWED A DIVORCED [ une 27 Yrs. 10a, USUAL OCCUPATION (Give kind of work done | 10b, KIND OF BUSINESS OR /11. BIRT HPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) meatill certificate\_be INDUSTRY COUNTRY? Interior Tomes 4.5.9. Decorator 11ashinator 13. EATHER'S NAME 14. MOTHER'S MAIDEN NAME attending ph srmit. Then гельоуа Busard martina 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. | 17. INFORMANT artizaH Williamsnort ermit. (Yet, no, or unknwn) (If yes give war or dates of service) Williamsport Sanitarium cremation, Records CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c).] ial-transit INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ratained by the hospital or attending physician. Ocerius IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which gave rise to immediate as the prior to DUE TO cause (a), stating underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2) WAS AUTOPSY for use Health CERTIFICATI PERFORMED? Manked arkinsous No 🖂 YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF OAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) CAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm.) 20f. (City or town) factory, street, officebidg., etc.) (County) be de State Hour a.m. Not While p.m. at work at work TO: 21. I certify that all this hospital) attended the deceased from 1967 to John .1967, and that death occurred at 62M, from the causes and on the date stated above. saw the deceased alive on 22a. SHONATUR 22b. DATE SIGNED page ATTENDING PHYS. MED.
DIRECTOR STAFF PHYS. M.D. Way. FUNERAL 22c. PHYRICIAN'S director, p 22d., ADDRESS Page 4 r NAME (Type) BURIAL, CREMATION ... 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) REMOVAL (Specify) Cemetery Williamsport Maryls a. verview 24. FUNERAL DIRECTOR Williamsport Md. Leaf VR #15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01360 and campletely filled in by the fureral. remave carban papers. Pages 1 land? I and any event, within 72 haurs after death requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY o. STATE b. COUNTY WASHINGTON MARYIAND b CITY OR TOWN (If autside carparate limits write RIIRAL nod a ve pearest town) c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate l'mits, write RURAL and give nearest town) HAGERSTOWN d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? D.O.A. WASHINGTON COUNTY HOSPITAL 34 W. FRANKLIN STREET YES NOX NAME OF First Middle Inst DATE Manth Year DECEASED (Type or print) OF DEATH LOUISE BAUMGARTEN ADELATDE JANUARY 19 AGE ( n years IF UNDER 24 HRS S SEX 6 COLOR OR RACE 8. DATE OF BIRTH IF JNDER 7 MARRIED NEVER MARRIED lost birthday) Months Haurs REMAIR WHITE APRIL 12, 1892 WIDOWED 11 BIRTHPLACE (County & State, or fareign country) 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? CO. MINERAL CO. . W. VIRGINIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME LEMUEL SPICER MARY SMITH HAGERSTOWN. MARYLAND 17 INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no, ar unknown) [(If yes give war ar dates of service) 213-18-2558 MR. JOHN BAUMGARTEN JR. 34 W. FRANKLIN ST. INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause Page 4 may be retained by the haspital ar attending has been last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? NO 🔀 O FUNERAL DIRECTOR: After this certificate ā 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I ar Part II af Arem 18.) 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour am factory, street, office bldg, etc.) 1967, to 5 10 12 1967, that (1) (1) (1) 21. I certify that (I) (this haspital) attended the deceased from 1967, and that death accurred at 700 PM, from causes and an the date stated above saw the deceased alive an. 22b. DATE SIGNED 22o. SIGNATURE STAFF PHYS. 1/5/1967 directar, page 3 shauld be filed v DIRECTOR ADDRESS 106 N. POTOMAC ST. HAGERSTOWN, MD. 22d. 22c PHYSICIAN'S NAME (Type) SNYDER M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL, CREMATION, 23b. DATE THEREOF (County) (Stote) PSMOYAL (Specify) ROSE HILL CEMETERY HAGERSTOWN, MARYLAND 1/9/1967 **ADDRESS** 25o, REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Melisseles CHARLES M. ROUZER HAGERSTOWN. MARYLAND



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01358 deoth. executed within 24 hours after death. completely filled in by the funeral ave carbon papers. Pages 1 and 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) PLACE OF DEATH o COUNTY **b** COUNTY Washington Washington Marvland von popers. Pages 1 within 72 hours after MARYLAND b CITY OR TOWN (If outside carparate 1 mits, we te RURA, and ove nearest town) c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) CLENGTH OF STAY IN 16 40 years Hagerstown IS RES DENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Washington County Hospital 1110 Corbett St. YES 🔲 NO F NAME OF First Middle Last DATE Month Dov Year remaye corbon DECEASED OF Bel1 Berry January 17 67 Laura 19 (Type or print) DEATH IF UNDER 1 YEAR S SEX 6 COLOR OR RACE B. DATE OF BIRTH AGE (In years IF UNDER 24 HRS. 7 MARRIED NEVER MARRIED (ast birthdoy) Haurs 4-4-1896 white female DIVORCED 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR during most of working life, even if retired) COUNTRY? resturant Amarath. Penna. low requires that the death certificate 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME physi removal Lola A. Murphy John A. Decker signed by the ottending I 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, na, ar unknown) (If yes give war or dates of service) Ю 212-24-5708 Dorothy Wolfensberger Hagerstown, Md cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c)) ONSET AND DEATH PART & DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise ta immediate couse (a) DUE TO stoting the underlying cause use os the l Page 4 may be retained by the hospital or attending this certificate has been lost. WAS ALTOPS' PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) of Health p NO 20g ACCIDENT WAS UNDERLYING [ 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, form, 20J INJURY OCCURRED (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Hour a.m. factory, street, office bldg., etc.) O FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased from plnods and that death accurred at 4 P.M. from causes and an the date stated above. saw the deceased alive an 22a. SIGNATURE 22b. DATE SIGNED M.D director, poge should be filed 22d. ADDRESS 22c. PHYSICIAN age RST Md NAME (Type) 23a BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) REMOVAL (Specify) -20-67 Cedar Lawm Mem. Hager stown Md 24. FUNERAL DIRECTOR VR A15 (4) Minnich Funeral Home Hagerstown, Md. 20 M 1/66



		Division of STATISTICAL	MARYLAND STATE DEP RESEARCH AND RECORDS, 301			201		
		01362	CERTIFICATE	OF DEATH		01359		
evdeam	Τ.	PLACE OF DEATH a. COUNTY  Washington	MARYLAND	2. USUAL RESIDENCE (Where de o. STATE Marylan	ceosed lived, if institution: Resider b. COUNTY Wash	nce before admission)		
within /2 naurs area		b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  San (Max.	c LENGTH OF STAY IN 16	c CITY OR TOWN (If outside con	porore limits, write KUKAL one giv	re neorest town)		
70		d NAME OF HOSPITAL OR INSTITUTION (If not in hos Pahrney - Keedy Me		d STREET ADDRESS 810 Pol	tomac Ave.	e IS RESIDENCE ON A FARM? YES NO 🔀		
		NAME OF First DECEASED (Type or pnnt) Clara			ATH January	Doy Year 11 19 <b>67</b>		
			OWED Z DIVORCED	Nov. 9,1896	9 AGE (In years I UNDER last pirthday) Months	Doys Hours Min.		
	duri	ing most of Morking life, every fretired)	106 KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (County & Stote, of Granklin Co.		TIZEN OF WHAT		
	13.	FATHERS NAME Harry Beard			Olive Lakins			
		WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give wor or dotes of service	1	FORMANT Charles Bingan	Address  Mangansus	ille.Md.		
		1B. CAUSE OF DEATH (Enter only one couse per I PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ine for (0), (b), and (ch)	order Vasa	da touseus	INTERVAL BETWEEN ONSET AND DEATH		
		Conditions, if ony, which gove nse to immediate couse (a).  DUE TO  Conditions, if ony, which gove nse to immediate couse (a).  DUE TO  DUE TO						
		stoting the underlying couse (c)  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBE	PRINC TO SEATU BUT NOT BELATED TO THE	LE TERMINAL DISCASE CONDITION	CH/EN IN DADT 1/a)	19. WAS AUTOPSY		
3	CERTIFICATION					PERFORMED? YES NO		
	MEDICAL	20k. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19		OF INJURY (Home, form, 20 ry, street, office bldg., etc.)	Of (City or town) (Co	ounty) (Stote)		
		21. I certify that (I) (this haspitely saw the deceased alive an		death occurred at 2 P.		(c), that (l) (we) las the date stated above		
		220. SIGNATURE FULL SUM	an M.D.		STAFF C	213,196]		
1		22c. PHYSICIAN'S NAME (Type) GWL	elan	22d ADDRESS 300	nston,	not		
0		D BURIAL CREMATION, REMOVA (Specify).  4. FUNERAL DIRECTOR	23c NAME OF CEMETERY OR CI Rest Haven (		LOCATION (City or Town)  lagerstown, Washi  GISTRAR 28b. REGISTRAR S	(County) \ (Slote) ington, Md.		
14	24	Rest Haven Juneral Cha	, , , , , , , , , , , , , , , , , , , ,			Was Onda		

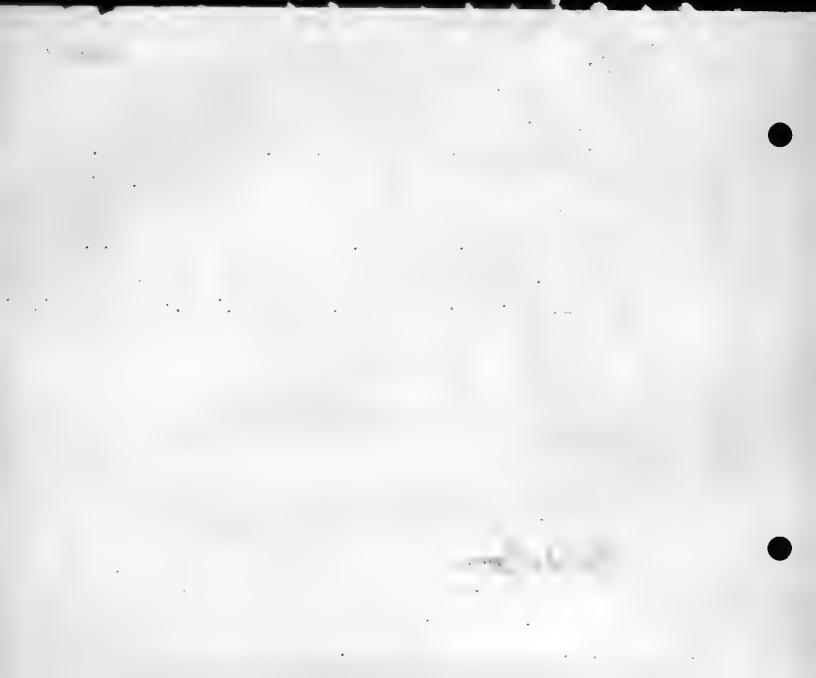


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH kate be executed within 24 haurs after death. by the funeral. and 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) PLACE OF DEATH a. COUNTY Washington o. STATE Maryland b. COUNTY. Washington MARYLAND c CITY OR TOWN (It autside carparate limits, write RURAL and give nearest tawn) b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 write RURAL and give nearest town) Hagerstown 2 Weeks Hagerstown and campletely filled in remave carban papers. in any event, within 72 h d. NAME OF HOSPITAL OR INSTITUTION (If not in haspita), give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? 111 Stouffer Ave. Washington County Hospital YES NOX NAME OF Middle DATE Month Dov Year DECEASED Clark January 17, 67 Blanche Aleatha 19 DEATH (Type or print) IF JNDER 1 YEAR T IF LINDER 24 HRS S SEX B DATE OF BIRTH 9 AGE ( n years 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** last birthday) Months Hours Days Female Dec. 20.1885 White WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State, or fareign country) during most of working life, even if retired)
Housewife COUNTRY? lease INDUSTRY U. S. A. Rural Leitersburg, Md. Own Home attending-physic permit. Then ple 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remova Albert C. Martin Minnie M. Poe The law requires that the death cer 17. INFORMANT Address Hagerstown, Md. 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, no ar unknawn) (If yes give war or dates at service) Mrs. Grace Grove, 1221 Ravenwood Heights, None cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) signed by the burnal-transit ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying couse the this certificate has been prior to SD PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? USe YES T NO X for 20g ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part II of item 18.) by the haspital OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY-OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Haur om. factory, street, affice bldg, etc.) Nat While ot work at wark TO FUNERAL DIRECTOR: After 21. I certify that (I) (this hospital) attended the deceased from Jan. 3, 19 67, 19 Jan. 17, 19 67, that (I) (we) last sow the deceased olive an Jan. 17, 19 67, and that death occurred at 4:10M, from causes and on the date stated above 17, 1967, that (I) (we) last sow the deceased olive an Jan. 22b. DATE SIGNED 220 SIGNATURE DIRECTOR [ □|1-19-67 M.D PHYS. TO HOSPITAL (Page 4 may b 22d. ADDRESS 22r. PHYSICIAN'S director, par NAME (Type) Edson B. Moody M.D 145 S. Prospect St., Hagerstown, Md. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23g. BURIAL CREMATION 23b DATE THEREOF (County) (State) REMOVAL (Specify) 1- 20- 67 Rest Haven Cemeterv Hagerstown . Hd . 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR John H. Bast Jr. 112 N. Main St. Boonsboro Md.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 01361death. deat PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY e. STATE b. COUNTY WASHINGTON MARYLAND after WASHINGTON by the Pages 1 after MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
RURAL HAGERSTOWN C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) hours 68 YRS. RURAL HAGERSTOWN .⊑ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled e. IS RESIDENCE ON A FARM? d. STREET ADDRESS withIn 72 LEITERSBURG PIKE R.D.# R.D.#. 5 LEITERSBURG YES IXX NO completely ve carbon p within NAME OF First Day Middle Last DATE Month Year DECEASED event, LAWRENCE ROMAN COSS 29 (Type or print) DEATH JANUARY 67 19 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS | last birthday) | Months | Days | Hours | Min. 7. MARRIED NEVER MARRIED any MATE WHITE WIDOWED [ DIVORCED [ JAN. 14.1898 Ξ Toa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT INDUSTRY WASHINGTON CO., MARYLAND FARMER FARM certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending | EMMA K. JUSTICE WILLIAM S. COSS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT HAGERASO SWIN . MARY LAND 16. SOCIAL SECURITY NO. death (Yes, no, or unkown) I (If yes give war or dates of service) MR. JACOB COSS R.D.#.5 LEITERSBURG PIKE 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) been signed the burial-tr or to burial, DUE TO Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. No PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health p PERFORMED? certificate CERTIFICATI YES [ NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) bed MEDICAL (County) 20c. TIME OF INJURY Month, Day, Year | 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work p.m. at work 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: and that death occurred at 1016M, from the causes and on the date stated above. 3 showith saw the deceased afive on. 22a. SIGNATURE DATE SIGNED 22b. /30/1967 page ATTENDING M.D. DIRECTOR PHYS. 22c PHYSICIAN'S O FUNERAL 22d. ADDRESS director, p NAME (Type) C. MORTON NORTHERN HAGERSTOWN. 23c. NAME OF CEMETERY OR CREMATORY DATE THEREOF LOCATION (City, town or county) BURIAL, CREMATION, 23b. BURNOVAL (Specify) LONGMEADOW CHURCH CEM. WASHINGTON CO., MARYLAND 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR | CHARLES M. ROUZER HAGERSTOWN. MARYLAND VR ALS (4) DATE 20M

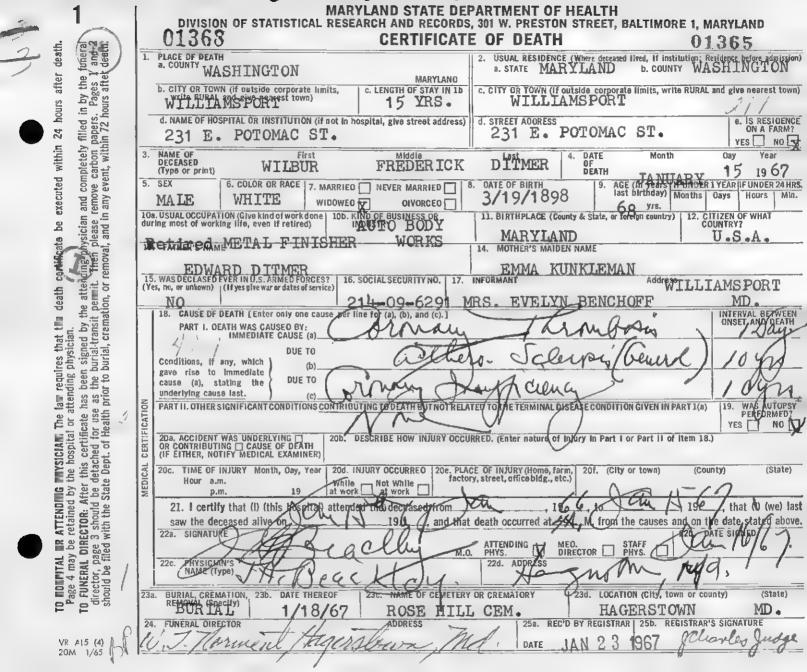




1	DIVISIO	N OF STATISTICA	MAR' L RESE	<b>YLAND STATE D</b> Arch and record	<b>EPÄRTMENT O</b> IS. 301 W. PREST	F HEALT ON STREE	H I. BALTIMO	RE 1. MARY	YLAND
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es .	a, COUNTY	ashington			a. STATE		eased lived, If ins		ce before admission)
	b. CITY OR TOW write RURAL	N (if outside corporate and give nearest town)	limits,	c. LENCTH OF STAY IN 11		larylar		Wash ite RURAL and g	ington give hearest town)
$C_{J}$	Hagerst.	OWN SPITAL OR INSTITUTION	(If not in h	2 days	Shar	psburg	Md.		e. IS RESIDENCE
		gton Count			126 E.		treet		ON A FARM?
=	3. NAME OF OECEASED	First		Middle	Last	4. DATE	Month	n Da	
-	(Type or print) 5. SEX	DARKI.	Mannich	LINWOOD	CRAMPTON 8. DATE OF BIRTH	DEATH	Jan.	TETINDED 1 VEA	19 67 R JIF UNOER 24 HRS.
ľ	Male	White	WIDOWEO	NEVER MARRIED DIVORCED		.966	last birthday)	Months Oays	
	the former, many one.	ION (Cive kind of work doing life, even If retired)	ne 10b. K	IND OF BUSINESS OR	11. BIRTHPLACE		yrs. or foreign country		N OF WHAT
L	None 13. FATHER'S NAM				Maryl 14. MOTHER'S MA			U.S	
	Jerry	Crampton			Bet	ty Hou	ser		
		VER IN U.S. ARMED FORCE (If yes give war or dates of se			INFORMANT	126 E.	Ma i Appres	St. psburg	MA
-		DEATH [Enter only one of	ause per l		. OELLY C	mamp co	m -nar	INT	ERVAL BETWEEN
	PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	1	neum	ana			UN	ISET AND DEATH
	Conditions, If	OUE TO							3 daur
	gave rise to	Immediate (						· ·	
	underlying caus	e last.	)			·			
,	PART II. OTHER S	A .	4	JTING TO DEATH BUT NOT RE	LATEO TO THE TERMINA	L'DISEASE CONT	ITION CIVEN IN		PERFORMED?
	PART II. OTHERS  20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NO	WAS UNDERLYING DEATH ING CAUSE OF DEATH IFY MEDICAL EXAMINE		DESCRIBE HOW INJURY OC	CURREO. (Enter nature	of injury in Pa	rt I or Part II o		YES NO
				HEIDY COOLINGS 100- 5	LOC OF INDIPAGENCE	Farm   905 6	216 40	(Onunda)	(Ctota)
	20c. TIME OF I		While	Not While fac	ACE OF INJURY (Home, tory, street, office bldg.	etc.)	City or town)	(County)	(State)
			al) atten <b>d</b>	ed the deceased from	/	19 6 to_	fin 5		that (I) (we) last
	saw the dec	eased alive on		19, and th	at death occurred at	M, fro	m the causes	and on the da	ale stated above. SICNED
	Too. DUNGIOUS		lich	N.	.O. PHYS.	MED. OIRECTOR	STAFF PHYS.	Jan	7,1967
/	NAME (T)	pe) RiZAL	ITO !	MARILLO	22d. ADDRESS	ARPSE	CIRCI	ND	
	BURIAL, CREM	ation, 23b. Date the	FREOF 196	7 Mt. View	Cemetery		cation (city, to	own or county)  @ Mary	(State)
	24. FUNERAL OIRE	CTOR		AOORESS				ECISTRAR'S SIC	CNATURE
1	Albert	L. Leaf Wi	Llia	msport Md.	DATE	JAN 12	195/	Mark	Judge







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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01366 death. be executed within 24 haurs after death and campletely filled in by the funeral remave carban papers. Pages 1 and 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH Maryland " Washington b. COUNTY Washington MARYLAND remave carban papers. Pages 1 n any event, within 72 hours after b. CiTY OR TOWN (If outside corporate limits, c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Hagerstown Maryland Hagerstown Maryland. vrs. d NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 435 N. Jonathan Street Washington County Hospital YES NO IX 3. NAME OF Middle 4. DATE Month First Last Doy Year DECEASED (Type or print) OF DEATH Dixon Christian 9 Bernice Jan 19 500 6 9. AGE (In years IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED 56 birthdoy) Months Doys Hours March 16 1910 and in any Colored WIDOWED Female 10o. USUA, OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired)

Domestic signed by the attending president burial-transit permit. Then prease rivate USA. Franklin County Va. family law requires that the death certificate 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME or removal, Rosa Holand Charley Taylor INFORMANT Address 15. WAS DECEASED EVER IN ... S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war ar dates of service 220-52-1831 Preston 443 Park Place. Hazel no crematian, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY ONSEL AND DEATH IMMEDIATE CAUSE (o) Acute suppurative meningitis be retained by the haspital ar attending physician. DUE TO burial. Conditions, if any, which gove (b) Meningicoccus? rise to immediate cause (a), DUE TO stating the underlying couse as the priar to this certificate has been lost. 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health YES 3d NO [ 20o. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) Dept. 20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour a.m. factory, street, office bldg., etc.) Not While of work at work TO FUNERAL DIRECTOR: After 1/9/67, 19\_\_\_, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased fram. 1967 ta shauld 19/67 19 , and that death accurred at 3 PM, from causes and an the date stated above. saw the deceased alive on 22o. SIGNATURE 22b. DATE SIGNED STAFF PHYS. 1/10/67 DIRECTOR M.D. director, page should be filed 22c PHYSICIAN'S 22d. ADDRESS 80 Northern Avenue NAME (Type) Hagerstown, Maryland Howard Weeks, M.D 23c NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) 230 BUR AL, CREMATION (County) (Stote) BULLAL (Specify) 1-12-196 Rose Hill Cemetery Hagerstown Md. 250. REC'D BY REGISTRAR ADDRESS 25b REG STRAR S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01367 and campletely filled in by the funeral and the remove carban papers. Pages I and the remove carban papers. Popurs after death. 01370 CERTIFICATE OF DEATH executed within 24 haurs after death 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY o. STATE b. COUNTY Washington Maryland Washington MARYLAND b CITY OR TOWN (f outside carporote limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 2 davs Hagerstown Hagerstown d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? Washington Co. Hospital 139 N. Cannon Ave NO 🛣 3. NAME OF Middle 4. DATE Last Doy Year DECEASED (Type or print) Daisy E. Embly 18 and in any event, January 19 67 DEATH S SEX 6 COLOR OR RACE 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR 1 IF UNDER 24 HRS 7 MARRIED **NEVER MARRIED** lost birthday) Hours April 17. Female White WIDOWED DIVORCED KIND OF BUS NESS OR INDUSTRY Furnishing 100 USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) 12. CIT ZEN OF WHAT 11, BIRTHPLACE (County & State, or foreign country) please COUNTRY? The law remuires that the duath certificates signed by the attending physician burial-transit permit. Then please Washington Co., Md. Clerical Home Economy 14 MOTHER'S MAIDEN NAME 13 FATHER S NAME burial-transit permit. Then pl burial, crematian, or remaval, Sadie M. Young John S. Bowers IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) 211-09-1615 Miss Lindette L. Minnich Hagerstown, Md 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH Metastatic carcinomatosis IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove Carcinoma of the breast 10 years rise to immediate couse (a), r this certificate has been si detached far use as the b ite Dept, of Health priar ta b DUE TO stoting the underlying couse Rage 4 may be retained by the haspital or attemding lost 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) NO 🔣 200 ACCIDENT WAS UNDERLYING [ 20b DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 3 shauld be detache with the State Dept. 20c. TIME OF INJURY Month, Dov. Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (Stote) (County) foctory, street, office bldg., etc.) Hour o.m. Not While ot work ot work O FUNERAL DIRECTOR: After 21. 1 certify that (1) (this-hospital) attended the deceased from Jan. 17, 19.57, to Jan. 10, 19.67 that (1) (we) lost saw the deceased glive an Jan. 19.67, and that death accurred at 2.22PM, from causes and on the date stated above. 220. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. Jan. 19, 1967 M.D. DIRECTOR PHYS director, page should be filed 22d **ADDRESS** 22c. PHYSICIAN'S NAME (Type) James W. Canks. King St., dagerstown, id. 2174. 77. 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b DATE THEREOF 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify)
Burial Green Hill Waynesboro Franklin REGISTRAR 25b. REGISTRAR SIGNATURE 24. FUNERAL DIRECTOR! ADDRESS 2So REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 JAN 1967 DATE Waynesboro, Penna

Seat.

1/1

CERTIFICATE OF DEATH	Place of Death				Division of STATIS	TICAL RESEA	ARCH AND RECORDS,	301	W. PRESTON STR	EET, BALTIMO	DRE, MARYLA	ND 21201	
STATE OF STATE STATE STATE OF	COTY OR TOWN (If outside corporate limits, write RURAL and give means from)	N		01371			CERTIFICA	ATE	OF DEATH			0136	8
b CTY OR TOWN (If outside corporate limits, write RURAN long year recorst town)  Keedy sville  A NAME OF HOSPIAL OR INSTITUTION (If not in hospital, give street oddress)  52 N. Main St.  Nindin St.	CHOCH OR TOWN (If course corporate lumbs, write RURAL and gove necessar frown)   CHOCH OF STAY N IS   Meed yrs v1 1 1 e		1 1	LACE OF DEATH COUNTY Washing	on		MARYLANI	- 11	a STATE		b COUNT	Υ	admissian)
d SMEET ADDRESS   d SMEDTHAL OR INSTITUTION (If not in hospital), give street oddress)   52 No. Main Sto.   6 SMEDIANTE   NO. Marker   51 No. Marker   52 No. Main Sto.   10 No. Marker   10	S. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street oddress)   52 No. Main Sto.   0 RESIDENCE ON A TARKED   10 NO. TO PROGRAM			CITY OR TOWN I	If outside corparate imit	5,			c CITY OR TOWN (If o	utside corparate	mits, write RURA	l and give nearest	fown)
Mode   Lost   4. DATE   Morth   Doy   Year   Pist   Morth   Doy   Year   Pist	SAME OF DECEMBER   SAME   SA	0	(	I. NAME OF HOSPI	AL OR INSTITUTION (If I	ot in hospital, (			d STREET ADDRESS				ON A FARM?
S. SEX  6 COLOR OR RACE  7 MARRIED  NEVER MARRIED	Female White Wildows Divorced Divorced Jensel 15, 1868 9 AGE (in years   L.A.DREY YEAR   EU UNDER 74 HRS.   Female Wildows Divorced Divorced Jensel 15, 1868 9 AGE (in years   L.A.DREY YEAR   EU UNDER 74 HRS.   Ministry		- (	IAME OF	F	rst	_		Last	4. DATE OF			Yeds
100 US_AL OCCUPATION (G ve kind of work done duning mass toll waterparts of waterpar	IDE US_AL OCCUPATION (G ve kind of work done duning must only the must only the must of work done duning must only the must of work done duning must only the must of must of work in the must of must only the must of must only the			ξX	6 COLOR OR RACE		NEVER MARRIED	-	DATE OF BIRTH	9 A	GE (In years	Months Days	IF UNDER 24 HRS.
Interval between the conditions, if any, which gave rate of the underlying cause last.   Interval but not related to the terminal disease condition given in part 1(a)   Interval but not related to the terminal disease condition given in part 1(a)   Interval but not related to the terminal disease condition given in part 1(a)   Interval but not related to the terminal disease condition given in part 1(a)   Interval but not related to the terminal disease condition given in part 1(a)   Interval but not related to the terminal disease condition given in part 1(a)   Interval but not related to the terminal disease condition given in part 1(a)   Interval but not related to the terminal disease condition given in part 1(b)   Interval but not related to the terminal disease condition given in part 1(b)   Interval but not related to the terminal disease condition given in part 1(b)   Interval but not related to the terminal disease condition given in part 1(b)   Interval but not related to the terminal disease condition given in part 1(b)   Interval but not related to the terminal disease condition given in part 1(b)   Interval but not related to the terminal disease condition given in part 1(b)   Interval but not related to the terminal disease condition given in part 1(c)   Interval but not related to the terminal disease condition given in part 1(c)   Interval but not related to the terminal disease condition given in part 1(c)   Interval but not related to the terminal disease condition given in part 1(c)   Interval but not related to the terminal disease condition given in part 1(c)   Interval but not related to the terminal disease condition given in part 1(c)   Interval but not related to the terminal disease condition given in part 1(c)   Interval but not related to the terminal disease condition given in part 1(c)   Interval but not related to the terminal disease condition given in part 1(c)   Interval but not related to the terminal disease condition given in part 1(c)   Interval but not related to the ter	13 FATHER'S NAME   14 MOTHER'S MAIDEN NAME   Jane Ullum		10o dun	USUAL OCCUPATIO	N (G ve kind of work done	10b Ki	ND OF BUSINESS OR DUSTRY	<u> </u>	11. BIRTHPLACE (County	& Stote, or foreig	n country)	12 CITIZEN OF COUNTRY?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Pes, no. or unknown) (If yes give wor or dotes of service)   16. SOCIAL SECURITY NO.   17. INFORMANT   Notice ye villo, Md.	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Per, no. or unknown) (If yes give wor or doles at service)   14-54-2425   17. INFORMANT   Mc See Ye willo, Md.    18. CAUSE OF DEATH (Enter only one couse per inne for (o), (b), and (c).)			FATHER'S NAME		Ov.	n Home		14 MOTHER'S MAIDEN	NAME	<u> </u>	I U.	3. A.
IB CAUSE OF DEATH (Enter only one couse per kine for (o), (b), and (c))  PART I. DEATH WAS CAUSED BY  (c)  DUE TO  Conditions, if any, which gove is to immediate couse (o), stoting the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PREFORMED?  YES NO DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 1B.)  20c TIME OF INJURY Manth, Day, Year Hour am.  p.m. 19 While of NOTWING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PART II. DEATH CONDITIONS CONTRIBUTION OF THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PREFORMED?  YES NO DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 1B.)  20c TIME OF INJURY Manth, Day, Year Hour am.  p.m. 19 While of NOTWING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PREFORMED?  YES NO DESCRIBE HOW INJURY OCCURRED (Injury In Port I or Port II of item 1B.)  A THE NOTWING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PART II. OTHER SIGNIFICANT CONDITION GIVEN IN PART I(o)  PREFORMED?  YES NO DESCR	INTERVAL BETWEEN   PART I. DEATH WAS CAUSED BY   DUE TO		15. /Ye	WAS DECEASED EV	Miller  R IN U.S. ARMED FORCES?  Will we nive war or dates.	of service) 16.	SOCIAL SECURITY NO.	17. IN		ım	K.cd.co	lysvillo	Md.
DUE TO  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PEAL ALLEGIC SOLUTION OF PERFORMED?  YES NO [2]  200 ACCIDENT WAS UNDERLYING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PEAL ALLEGIC SOLUTION OF PART II of item IB)  OR CONTRIBUTING TO PART II of item IB)  OR CONTRIBUTING TO PART II of item IB)  OR THE OF INJURY Manth, Day, Year Hour am.  Pm. 19 Of Not While of work of	DUE TO  Conditions, if any, which gave nse to Immediate Cause (a), stating the underlying cause (b).  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART I(a)  PART II. OTHER CONTR		(, ,	IB. CAUSE OF D	EATH (Enter only one co			Mrs	. Cleo Flo	ok, 52	N. Main	INTE	RVAL BETWEEN
DUE TO    Stoting the underlying cause   City	Stating the underlying cause   Oi, stating the underlying cause   Oic			PART I. DEA			DROKARY	IN	SUFFIC	FAIC		FE	CY. MICT
Dist.   Color   County   Part   I. Other significant conditions contributing to death but not related to the terminal disease condition given in part   Ioo   19 Was autopsy   Performed?   Yes   No   Ioo   No   Performed?	Lost.   Country   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)   19 WAS AUTOPSY PERFORMED?   PERFORME			nse to immedio	te couse (o), (	. /	<u>.</u>						
20a ACCIDENT WAS UNDERLYING  20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 1B)  20c TIME OF INJURY Month, Day, Year  Hour a.m.  pm.  19  20. INJURY OCCURRED While of wark of twark	CEN. ARTERIOS CLEROSS   BELLS PALSY SENTLLTY   YES   NO   ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)      200 ACCIDENT WAS UNDERLYING   COUNTRY OCCURRED (Enter noture of injury in Port I or Port II of item 1B)      200 TIME OF INJURY Month, Day, Year Hour a.m.	es.	_	last.			TO DEATH BUT NOT RELATED	TO TH	E TERMINAL DISEASE CO	NDITION GIVEN I	N PART I(o)	19	WAS AUTOPSY
21. I certify that (I) (this hospital) attended the deceased from NOV, 1966, to 1AN f1, 1967 that (I) (wa) lost sow the deceased glive an 1967, and that death occurred of 45 M, from couses and on the date stated above.  22a. SIGNATURE  ATTENDING  M.D. PHYS.  STAFF  PHYS  13, 1967	21. I certify that (I) (this hospital) attended the deceased from NOV, 1966, to 1AN 11, 1967 that (I) (we) lost sow the deceased alive an 1AN 10 1967, and that death occurred at 45 M, from causes and on the date stated above.  22a. SIGNATURE  22b. DATE SIGNED  PHYS.  22c. PRYSICIAN'S R. AMARILLO M.D. PHYS.  22d. ADDRESS  NAME (Type)  22d. ADDRESS  NAME (Type)  22d. ADDRESS  SIGNATURE  22d. ADDRESS  NAME (Type)  22d. ADDRESS  NAME (Type)	(	IFICATIO!									YE	S NO 2
21. I certify that (I) (this hespitely attended the deceased from NOV 1961, to 1AN f1, 1962 that (I) (wa) lost sow the deceased olive an 1967, and that death occurred of G M, from couses and on the date stated above.  22a. SIGNATURE  M.D. ATTENDING MED. STAFF 22b. DATE SIGNED  M.D. PHYS. DIRECTOR PHYS 13, 1967	21. I certify that (I) (this hospital) attended the deceased from NOV, 1966, to 1AN f1, 1967 that (I) (we) lost sow the deceased alive an 1967, and that death occurred at 45 M, from causes and on the date stated above.  22a. SIGNATURE  22a. SIGNATURE  ATTENDING  M.D. ATTENDING  PHYS. DIRECTOR STAFF  22b. DATE SIGNED  PHYS DIRECTOR 13, 1967  22c. PAYSICHAN'S R. AMARILLO M.D. 22d. ADDRESS  NAME (Type)  R. AMARILLO M.D		CAL CERT	(IF EITHER, NOTIFY	MEDICAL EXAMINER)	204 1	NIURY OCCURRED 20a	PLACE	OF INJURY (Home for	n 20f. (C	ity or town)	(County)	(State)
sow the deceased alive an 3 N 10 19 67, and that death occurred at 4 M, from causes and on the date stated above.  220. SIGNATURE  220. STAFF  221. DATE SIGNED  222. DATE SIGNED  223. DATE SIGNED  224. DATE SIGNED  225. DATE SIGNED  226. DATE SIGNED	sow the deceased olive on 3AN 10 1967, and that death occurred at 95 M, from causes and on the date stated above.  22a. SIGNATURE  22b. DATE SIGNED  22c. PHYSICHAN'S  NAME (Type)  R. A. M. A. R. I. L. U. M. D  22d. ADDRESS  SIJAR PSBUILG  AND.		MEDI	Hour a. p.	m. 19	While of war	k Not While of wark	factor	y, street, office bldg., etc.	.)	3 6 14 4	10 6 246	-4 (1) (
Climanulum M.D. ATTENDING MED. STAFF   Jan 13, 1967	221 PHYSICHAN'S R. AMARILLO M.D. 22d. ADDRESS NAME (Type) R. AMARILLO M.D. 22d. ADDRESS  SIJAR PSBUILG M.D.			sow the d	eceased olive an_	7 V M	10 1967, ond	thot	death occurred o	1945 M. 1	rom couses o	nd on the dot	e stated above.
	NAME (Type) 16. A M RICIELO NOS. SUARPSBUILG AND.				Leruan			M.D.	PHYS.	MED. DIRECTOR	STAFF PHYS.		
230. Burial, Cremation, REMOVAL(Seq. IV)  23b. Date thereof 23c NAME OF CEMETERY OR CREMATORY  1-14-67  Fairview Cemetery Keedvoville, 1/d  24 FUNERAL DIRECTOR  ADDRESS  250. REC. D BY REGISTRAR 25b. REG. STRAR'S SIGNATURE 25b. REG. STRAR'S SIGNATURE 25c. REG. STRAR'S SIGNAR'S STRAR'S SIGNAR'S STRAR'S SIGNAR'S STRAR'S SIGNAR'S STRAR'S SIGNAR'S STRAR'S SIGNAR'S STR		7				2 N. Ma	in St Room	has			1967	Charles	Judge





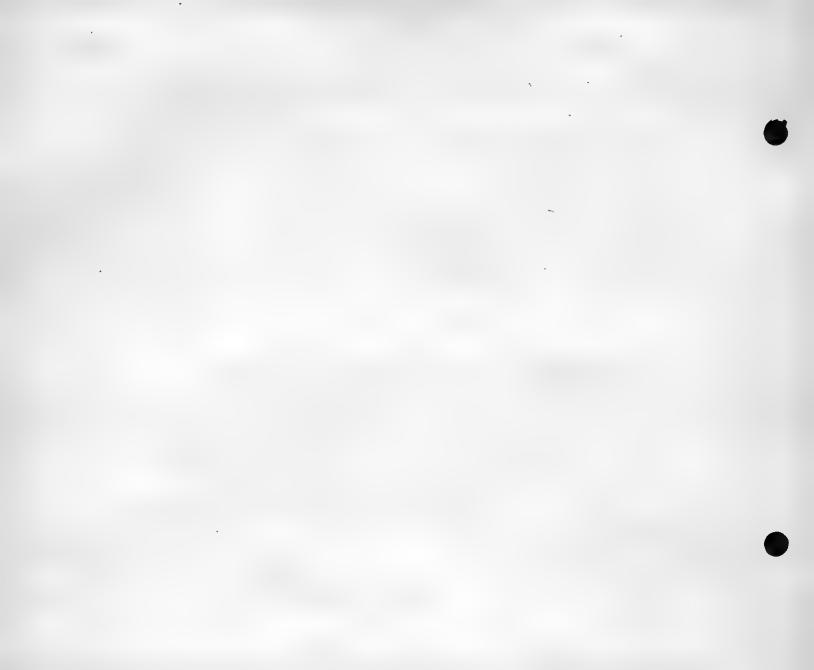
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01375MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 01370 HEALTH DEPT. 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission 2, ana ... PM3, Page. a. COUNTY **b** COUNTY Seath. Washington MARYLAND Maryland Frederick delay b CITY OR TOWN ( f autside corporate limits c LENGTH OF STAY IN 1b c CITY OR TOWN (I guitside corporate mits, write RURAL and give nearest tawn) Departme write RURAL and a ve nearest tawn) offer D. O. A. Myersville Hagerstown d NAME OF HOSPITA. OR INSTITUTION (If not in hospitar, give street address) d STREET ADDRESS S RESIDENCE ON A FARM? FOTE hours Item 18. Give Pages Office along with for o te Washington County Hospital Rfd. 2 YES T NOhours ofter death 3 NAME OF Middle Last 4 DATE Month Year DECFASED Nicholas within Scott Flook Ē (Type or print) DEATH Manuary 25. 67 with S SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Y 8. DATE OF BIRTH last birthday) Davs DIVORCED Nov. 1.1963 WEDOWED Male White event CVI ond 11 BIRTHPLACE (State or Foreign country) 10a US\_AL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CT ZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? U. S. A. Ony None None Hagerstown, Md. poges 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME be executed withm ⊆ Leon F. Flook Fle and Martha Ludy 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address rd "pending" in Chief Medical E permit. (Yes, no, ar unknown) (If yes give war ar dates at service) removal, No. Mr. Leon F. Flook, Myersville Rfd. 2, Md None CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I DEATH WAS CAUSED BY 0 MMEDIATE (AUSE (a) Fracture Cervical Vertebrae With Cord Injury s o burial-tro cremotion, This certificate should writing the word DUE TO Conditions, if any, which gave (b) nse ta immediate cause (a), DUE TO stating the underlying couse used as burnol, c last WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I(a) CERTIFICATION NO T 2 e should be 20a EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of nousy in Part 1 or Part 11 of Item 38.) designated agent, prior 3 should PRIMARY (X) or CONTRIBUTING **EXAMINER:** Struck by on coming car when crossing street in front of home. CAUSE OF DEATH MEDICAL 20c T ME OF INJURY Manth, Day, Year 20d MUJRY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or fown) (County) Hour am. factory, street, office b dg , etc.) Not While may be retained for your FUNERAL DIRECTOR: Page Not While at wark please execute at wark Street Mydraville, Frederick 21. I certify that I took charge of the remains described above, held on Autopsy Inspection x, Inquiry and in my opinion Notural couses Accident X death resulted from. Suicide 1 Homicide | Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE funerol ( TO DEPUTY DEPUTY MEDICAL EXAMINER 1-27-67 **EXAMINER'S** 5 may TO FUNEI Health Address (Street, city, town, or county) Hagerstown. Md. NAME (Type) Ditto. the 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, 23d LOCATION (City or Town) (Vfnug3) (State) REMOVAL (Specify) 1- 28- 67 Cedar Lawn Mem. Park Hagerstown, Md. 25b. REGISTRAR'S SIGNATUR 24 FUNERAL DIRECTOR 2So. REC D BY REGISTRAR DATE 74 11 9 7 1957 VR ATSME (\$ John H. Bast, Jr. 112 N. Main St. Boonsboro . M 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 r death. 24 hours after death, PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Washington Maryland Washington
c. City DR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND b. CITY OR TOWN (If outside corporate limits. C. LENGTH OF STAY IN 1b. etely filled in by 1 bon papers. Page within 72 hours a write RURAL and give nearest town) Hagerstown Williamsport week RFD d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE DN A FARM? Washington County Hospital Downsville Pike YES NO SZ executed within pou. NAME DE Middle DATE Month Year DECEASED car Forsythe DEATH Jan. 1967 (Type or print) Annie Dewey remove 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS last birthday) Months ! Days Hours Female 1898 WIDOWED [ DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR Ξ 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY CDUNTRY? Restaurant Waitress Williamsport Md. 13. FATHER'S NAME removal, 14. MOTHER'S MAIDEN NAME 는 하는 Pocfenberger Laura Nave 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. transit permit. cremation, or re 17. INFORMANT Williamsp of ts (Yes, no. or unknwn) (If yes give war or dates of service) Horsythe. Mr. John A. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN burial-transit burial, cremat PART I. DEATH WAS CAUSED BY: (a) Coronary Artery Occlusionwith myocardial infarction 18 hours signed MURKO Gangrene left lower extremity Conditions, If any, which 3 days gave rise to immediate DUE TO (a), stating the (c) Hypertensive arteriosclerotic cardiovascular disease underlying cause last. CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY use PERFORMED? Diabetes Mellitus YES KX 50 ATTENDING PHYSICIAN: 20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY DCCURRED, (Enter nature of injury in Part I or Part II) of Item 18.) detached f te Dept. of OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from January 09 19 67, to January 1619 67, that (I) (we) last v DIRECTOR: age 3 should lied with the saw the deceased alive on Jan. 16, 19679 and that death occurred at 11:05 roby the causes and on the date stated above. 22b. DATE SIGNED 22a. SIGNATURE TO FUNERAL DIRE director, page 3 should be filed w ATTENDING DIRECTOR \_\_ PHYS. M.D. TO HOSPITAL APHYSICIAN'S NAME (Type) Archie Robert Cohen, M.D. Clear Spring, Md. 21722 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION, REMOVAL (Specify) Riverview Cemetery 19-67 Williamsport. Maryland REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR | 25b. 24. FUNERAL DIRECTOR Williamsport Md. Albert L. Leaf VR A15 (4) 20M 1/65





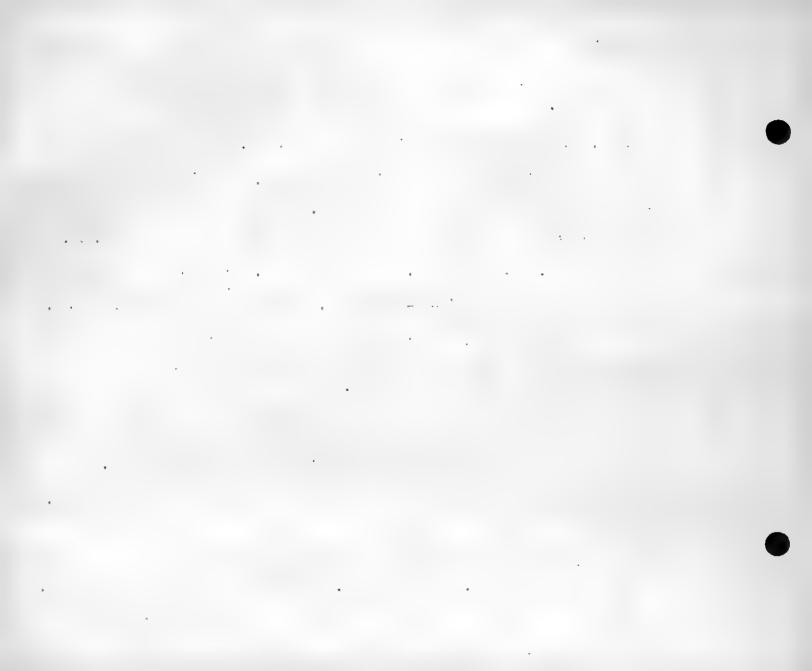


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01374 CERTIFICATE OF DEATH 01377 be executed within 24 haurs after death and 2 by the funeral Pages 1 and PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY ° Marvland b. COUNTY Washington Washington
b. CITY OR TOWN (If controlle corporate emits, MARYLAND van papers. Pages 1 within 72 haurs after c LENGTH OF STAY IN 1b c CITY OR TOWN (It outside carporate l'mits, write RURAL and q've nearest tawn) write RURAL and give nearest tawn) Hagerstown Md 48yrs
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 48vrs Hagerstown Maryl.and d STREET ADDRESS e IS RESIDENCE ON A FARM? and campletely filled in Pennsylvania Ave Pennsylvania NO EX YES 3. NAME OF Middle 4. DATE First Lost Month Day Year remave carban DECEASED Hall Jan John 196 Francis (Type or print) DEATH 1F UNDER 24 HRS S SEX B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 6 COLOR OR RACE K NEVER MARRIED 7 MARRIED last bethday) Months Hours Days Colored Male WIDOWED DIVORCED Oct 24 1916 12 CITIZEN OF WHAT 100 JSUAL OCCUPAT ON (Give kind of work done 10b. KIND OF BUSINESS OR 11, BIRTHPLACE (County & State, or foreign country) COUNTRY? please Concrete Works during most of working life, even fretired) Williamsport requires that the death certificate the attending physic sit permit. Then ple 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remayal, John T. Hall Alice Tvler IS WAS DECEASED EVER IN .. S ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service)
Yes World War 2 657 Pennsylvania John T. Hall 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) INTERVAL BETWEEN signed by the burial-transit p onset and death 5 minutes PART I DEATH WAS CAUSED BY Acute coronary insufficiency IMMEDIATE CAUSE (a) \_ **DUE TO** Conditions, if any, which gove rise to immediate cause (a), DUE TO stating the underlying couse TO FUNERAL DIRECTOR: After this certificate has been as the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES NO T CNS lues: alcoholism. chronic. ģ 205, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Part II of item 18.) 20p. ACCIDENT WAS UNDERLYING [7] OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER (State) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) 20c. TIME OF INJURY Month, Day, Year Haur a.m. foctory, street, office bldg, etc.) Not While at wark at wark 21 I certify that (I) (this hospital) attended the deceased from Jan. 16 . 19 67 to Jan. 27 \_, 19\_67, that (I) (we) last Page 4 may be retained director, page 3 shauld should be filed with the saw the deceased alive an Jan. 16 1967, and that death accurred at 12:1 M, fram causes and an the date stated above. 22g STGNATHKE 22b. DATE SIGNED ATTENDING STAFF PHYS. Jan. 23. 1967 M.D DIRECTOR 22d ADDRESS 100 Professional Arts Building 22c. PHYSICIAN S Hagerstown, Maryland NAME (Type) William T. Layman, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23d LOCATION (City or Town) (County) (State) 230 BURIAL CREMATION Burial (Specify) National Cemetery 1967 Gettysburg Feb 1 Pa 2Sa. REC'D BY REGISTRAR 256 REGISTRAR S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR VR A15 (4) 1967 20 M 1/66 DATE



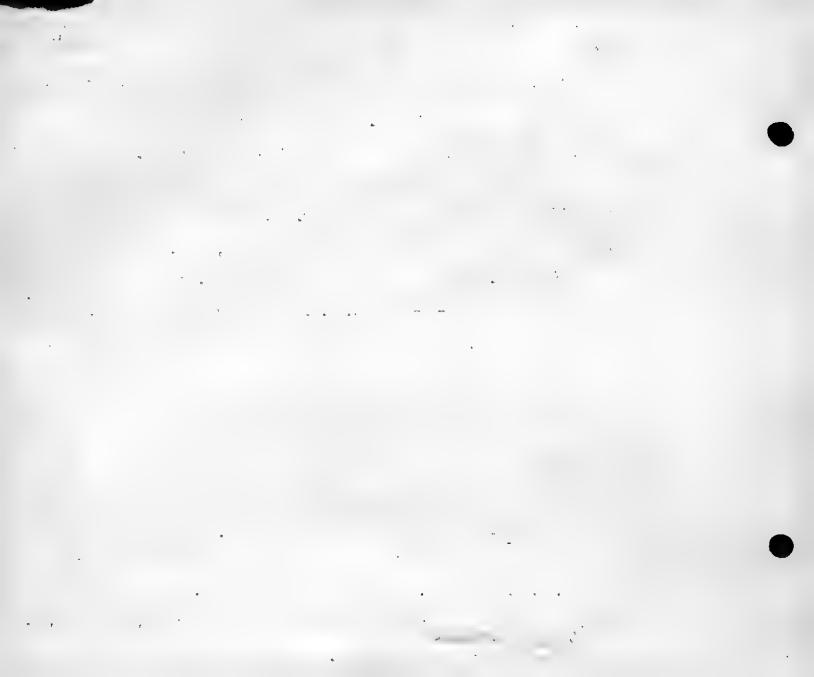


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE WASHINGTON MARYLAND Department after death. cessary, funeral may be b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
HAGERSTOWN c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b HAGERSTOWN d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? State hours D.O.A. WASHINGTON COUNTY HOSPITAL 51 N. CANNON AVENUE NO X NAME OF DATE Year First Middle DECEASED OF JANUARY 67 (Type or print) CHARLES 19 WTT.T.TAM HALLER 6. COLOR OR RACE 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS DATE OF BIRTH 7. MARRIED TO NEVER MARRIED last birthday) | Montha | Days Pages Hours MALE AUG. 9. 1935 WIDDWED [ DIVERCED T 10a, USUAL OCCUPATION (Give kind of work done) 12, CITIZEN OF WHAT 10b. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) Give during most of working life, even if retired) INDUSTRY GOUNTRY? MARYLAND U.S.A. MAINTENANCE MAN HOSPITAL 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CHARLES W. HALLER. SR. MARIE E. CARBAUGH HAGERS TOANTESS MARY LAND 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no. or unknwn) I (If yes nive war or dates of service) permit. removal, 214-34-9587 MRS. VIRGINIA HALLER 51 N. CANNON AVE. YES 1955 To 1961 INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: rial-transit cremation, or IMMEDIATE CAUSE (a) Multiple Fractures Of Ribs ( Crushed Chest) Instant Conditions, if eny, which (b) Fracture Cervical Vertebrae With Possible gave rise to immediate DUE TO Severance Of Cord. cause (a), stating the underlying cause last, ed as burial, WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? CERTIFICATI NO X Sin 20b. DESCRIBE HOW INJURY DCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS the certificate, should be forwarded PRIMARY S or CONTRIBUTING 팔 CAUSE OF DEATH. While riding a motor cycle in collision with a car., year | 20d. INJURY OCCURRED | 20d. PLACE OF INJURY (Home, farm, 20f. (City or town) (Cot MEDICAL (State) factory, street, officebldg., etc.) 19 67 at work at work CTOR: Page designated a Street Hagerstown Washington 21. I certify that I took charge of the remains described above, held an Autopsy ..... Inspection X, Inquiry and in my opinion IRECTOR: | its design Homicide Undetermined manner death resulted from: Natural causes Accident x. Suicide CHIEF MEDICAL EXAMINER ge 4 your ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER please director. Pass retained for y TO FUNERAL D' of Health or SIGNATURE 30/1967 8 DEPUTY MEDICAL EXAMINER TX EDWARD W. DITTO, JR. M.D. 215 W. WASHINGTON GTREET county)HAGERSTOWN, MD. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF ROSE HILL CEMETERY HAGERSTOWN. MARYLAND 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURA 24. FUNERAL DIRECTOR ADDRESS Charles VR ALSME (5) CHARLES M. ROUZER HAGERSTOWN 1/65



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01377 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 havrs after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY o. STATE b. COUNTY Washington Maryland Washington MARYLAND c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) CLENGTH OF STAY IN 1b b. CITY OR TOWN (If outside carporate 1 mits, write RURAL and give nearest tawn) Hagerstown 50 yrs Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? event, within 72 Garlock Convalescent Home 1437 Hamilton Blue YES NO K Middle 3 NAME OF Year DECEASED OF DEATH Catherine 19 67 Margaret Hammond January (Type or print) FUNDER TYEAR IF UNDER 24 HRS DATE OF BIRTH S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED edse remove Months Doys Hours White Female WIDOWED DIVORCED Nov. 28.18889 10a. USUA. OCCJPATION (Give kind of work done 106 KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUŞTRY Mercersburg, Penna Own Home 13. FATHER S NAME eП William J. Curley Margaret E. Geyer 17 INFORMANT Md. 16. SOCIAL SECURITY NO 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, arunknawn) (If yes give war or dates at service) 214-09-8362 Mr. Um. J. Hammond 1437 Hamilton Blud Hagerstown INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH burial-trainsit PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Coronary Thrombosis DUF TO Conditions, if any, which gave (b) Coronary Heart Disease Several years rise to immediate cause (a), DUE TO Poly arthritis stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been the () Obesity PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS ALTOPSY PERFORMED? MEDICAL CERT FICATION NO S 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 200 ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 2Dc. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED factory, street, affice bldg., etc.) of work at work 21. I certify that (1) (this haspital) attended the deceased from 1-9-, 19<u>67</u>, to <u>1</u>\_27\_\_\_\_, 19<u>67</u>, that (I) (we) last 1967, and that death accurred at 7. A. M, fram causes and an the date stated above. saw the deceased alive an 1-18-22b. DATE SIGNED 220 SIGNATURE MED. DIRECTOR STAFF PHYS. 1-27-67 director, pare 3 should be filed v MD. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) W. Ditto. Hagerstown, Md 23a. BURIA., CREMATION, REMOVAL (Specify) Survail 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d LOCATION (City or Town) 67 Rest Haven Cemetery

ADDRESS Hagerstown, Washington, Md. 1/29/67 25b. REGISTRAR S SIGNATURE 250 REC'D BY REGISTRAR 1967 Funeral Chapel Hagerstown Md.



	1. PLACE OF DEATH  a. COUNTY  2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admits
_	Washington MARYLAND MARYLAND Maryland L. COUNTY Washington
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  LENGTH OF STAY IN 1b  c. CITY OR TOWN (If outside corporate hmits, write RURAL and give nearest town)
-	Hagerstown D. O. A. Williamsport d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS le. IS RESIDE
١	ON A FA
	3. NAME OF First Middle Last 4. DATE Month Day Year
L	(Type or print) Frank George Harsh DEATH Jan. 7 19 67
:	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 F
_	Male   White   Widowed   Divorced   June 5 1900   66 yrs.   77   10   10   10   10   10   10   10
[	10a. USUAL OCCUPATION (Give kind of work done during most of working life, avan if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stelle or foreign country) 12. CITIZEN OF WHAT COUNTRY 11. BIRTHPLACE (Stelle or foreign country)
-	Clerk Hotel Maryland U.S.A
1	14. WE THE 2 MEMBER HAME
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17. INFORMANT
ľ	No 219 01 8223 Mrs. Mary M. Harsh Williamsport Md.
	18. GAUSE OF DEATH [Inter only one cause per line for (a), (b), and (c).)
	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  COURSE AND DEATH  ACT COURSE  ONSET AND DEATH
	450.0 DUE TO 01
П	Conditions, if any, which \ (b) as Pelis selder desert
	gave rise to immediata cause  (e), stelling the undariying DUE TO
L	eauso lext. (c)
200	[6]
BCATION	[6]
CEPTIECATION	[6]
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(*)  19. WAS AUTO PERFORME YES NO  206. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE WAS CAUSE OF DEATH.
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  19. WAS AUTO PERFORME YES NO 20e. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.  20e. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, fectory, street, office bidg., etc.)  (Sista fectory, street, office bidg., etc.)
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  19. WAS AUTO PERFORME YES NO  20e. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.  20e. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED CAUSE OF DEATH.  20e. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Rectory, street, office bidg., etc.)  (Slets  (Soliday)  (Slets)
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PRESCRIBE  20e. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.  20e. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (Enter nature of injury in Pert I or Pert II of item 18.)  CAUSE OF DEATH.  20e. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (Enter nature of injury in Pert I or Pert II of item 18.)  (Sieta fectory, street, office bldg., etc.)
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  19. WAS AUTO PERFORME YES NO  20e. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.  20e. TIME OF INJURY Month, Day, Year While at work 19 and in my opinice.  21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinice.
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  19. WAS AUTO PERFORME YES NO  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Pert II of item 18.)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20t. (City or town) (County) (Sieta factory, street, office bidg., etc.)  21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinic death resulted from: Natural causes Accident Suicide Homicide Undetermined manner
MEDICAL	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PREFORME  YES  NO  20e. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.  20e. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20d. (City or town) (County) (Slata factory, street, office bidg., etc.)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PREFORME  YES  NO  20e. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING COURTED  CAUSE OF DEATH.  20e. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20d. (City or town) (County) (Slata factory, street, office bidg., etc.)  PRIMARY OF CONTRIBUTION COURTED  While Not While at work at work at work and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner ACTURE  CHIEF MEDICAL EXAMINER AND ASSISTANT MEDICAL EXAMINER DATE, SIGNED AND ASSISTANT MEDICAL EXAMINER DATE AND ASSISTANT MEDICAL EXAMINER DATE.
ACIDAM	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)  PREFORME PRIMARY OF CONTRIBUTING CONTRIBUTING CONTRIBUTING COURRED  20e. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.  20e. FIME OF INJURY Month, Day, Year Cod, INJURY OCCURRED CAUSE OF DEATH.  20e. FIME OF INJURY Month, Day, Year Cod, INJURY OCCURRED CAUSE OF INJURY (Home, farm, County)  While Not While St work feelory, street, office bidg., etc.)  21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined menner ACTURL SIGNATURE EXAMINER'S NAME (Type)  Address (Street, city, town, of county)  Address (Street, city, town, of county)  Address (Street, city, town, of county)
MEDICAL	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)  PERFORMENT TO THE TERMINAL CAUSE WAS PRIMARY OF COUNTRIBUTING TO COURTED. (Enter nature of injury in Pert I or Pert II of item 18.)  PRIMARY OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)  PERFORMENT TERMINAL CAUSE WAS PRIMARY OF COUNTRIBUTION OF INJURY (Home, term, 201. (City or town) (County) (Sista inclory, street, office bldg., etc.)  PRIMARY OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)  PERFORMENT TERMINAL CAUSE WAS PRIMARY TO COUNTRIBUTION OF INJURY (Home, term, 201. (City or town) (County) (Sista inclory, street, office bldg., etc.)  PERFORMENT TERMINAL CAUSE WAS PRIMARY TO COUNTRIBUTION OF COUNTRIBUTION OF INJURY (Home, term, 201. (City or town) (County) (Sista)  PERFORMENT TO THE TERMINAL CAUSE WAS UNITED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)  PERFORMENT TERMINAL CAUSE WAS DIVING TO THE TERMINAL CAUSE WAS A UTO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)  PERFORMENT TO THE TERMINAL CAUSE WAS DIVING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)  PERFORMENT TO THE TERMINAL CAUSE WAS DIVING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)  PERFORMENT TO THE TERMINAL CAUSE WAS DIVING TO THE TERMINAL CAUSE WAS DIVING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)  PERFORMENT TO THE TERMINAL CAUSE WAS DIVING TO THE TERMINAL CAUSE
AFDICAM	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)  PREFORME PRIMARY OF CONTRIBUTING CONTRIBUTION CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBUTIO
2:	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTO PERFORME, YES NO 20e. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Pert IE of item 18.)  20c. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Pert IE of item 18.)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c. PLACE OF INJURY (Home, farm, p.m. 19 at work at work inclory, street, office bldg., etc.)  21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner DATE, SIGNED ACCIDENT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ACCIDENT MADE ACCIDENT MEDICAL EXAMINER ACCI



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 11379 funeral and 2 death/ 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY Washington Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENCTH OF STAY IN 1b Hagerstown yrs. Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Washington County Hospital No X YES ospect etely. pon 3 NAME OF First Middle Last DATE Year DECEASED DF DEATH (Type or print) Kreigh Harsh Jr. 1967 Jan. 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH ACE (In years (IFUNDER 1 YEAR IIFUNDER 24 HRS NEVER MARRIED (ast birthday) Months Hours Male White WIDOWED F DIVORCED X March 10 1902 physica. niease re. 10a. USUAL OCCUPATION (Cive kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? Retid Transportation II.S.A Marvland death certificate removal. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ed by the attending phy transit permit. Then p cremation, or removal, Frank Kreigh Har
15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war or dates of service) Rannie Fern Funk Harsh 16. SOCIAL SECURITYNO. 17. INFORMANT 205 Cherry Tradeess Lane Donald R. Harsh Williamsport Mo 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN The law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) Coronary Thrombosis Several minutes OUE TO Conditions. If any, which Arteriosclerotic Heart Disease Several years gave rise to immediate the r DUE TO cause (a), stating the underlying cause last. (c) Hemiplegia 20 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? YES NO T 202. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part i or Part ii of Item 18.) ached filept, of I 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ) 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. Not While at work at work 70 21. I certify that (I) (this hospital) attended the deceased from 10-25-. 19 65 to 1-20- , 19 67, that (I) (we) last 3 should with the saw the deceased alive on Dec. 12. 19 66, and that death occurred at 5P.M. from the causes and on the date stated above. 22a. SICNATURE 22b. DATE SIGNED page ATTENDING PHYS. x PHYS. M.D. DIRECTOR Page 4 may D FUNERAL D TO HOSPITAL PHYSICIAN'S 22d. ADDRESS director, NAME (Type) Washington St., Hagerstown, Md. b 23d. LOCATION (City, town or county) BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 0 Greenlawn Cemetery Williamsnort Maryla REC'D BY RECISTRAR | 25b. RECISTRAR'S SIGNATU FUNERAL DIRECTOR Leaf Williamsport Md. VR #15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01388 CERTIFICATE OF DEATH 01383 death. The law requires that the death certificate be executed within 24 haurs after death. signed by the attending physician and campletely filled in by the funeral burial-transit permit. Their clease remave carban papers. Pages I and burial, cremation, or reference that any event, within 72 haurs after death 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Washington **MARYLAND** CLENGTH OF STAY IN 16 c CITY OR TOWN (if autside carparate limits, write RURAL and give negrest town) b. CITY OR TOWN (If autside carparate limits. write RURAL and give negrest town) 25 urs Hagerstown Hagerstown e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (if not in haspital, give street address d. STREET ADDRESS Washington County Hospital 423 Clarendon Ave. YES 🗔 NO 🔽 NAME OF DECEASED (Type or prnt) Middle Lost 4. DATE Year Nell Rosa Head DEATH IF UNDER 24 HRS AGE (In years IF UNDER 1 YEAR DATE OF BIRTH S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED Manths last berthdoy) Days Heurs White Jemale. X Dec. 15.1883 WIDOWED DIVORCED 100 JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CIT ZEN OF WHA! during mast of working life, even if retired) Own Home COUNTRY? Jonesburg, Jenn.
14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Can't recall first name Beard Margaret Lyle 16 SOCIAL SECURATY NO 17. INFORMANT (Yes, na, grunknown) (If yes give wor or dates of service) Mr. Ed. Head 420 Vermont Ave. Hagerstown, Md. None 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE (AUSE (6) Arteriosclerotic Cardio Vascular Disease **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. DHE TO Canditions, if any, which gave (b) Diabetes nse to immediate cause (a), DUE TO stating the underlying cause priar to TO FUNERAL DIRECTOR: After this certificate has been the detached far use as 19 WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO X YES 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, affice blda., etc.) Hour a.m. Not While at work 21. I certify that (I) (this hospital) attended the deceased fram Jan. 3, 1967, to Jan. 13, 1967, that (I) (we) last saw the deceased glive an Jan. 13. 1967, and that death accurred at 7:15 M, fram causes and an the date stated above. \_, 19<u>67</u>, that (1) (we) last shauld saw the deceased alive an Jan. 13 22b. DATE SIGNED 22o. SIGNATURE Jan. 14, 1967 DIRECTOR PHYS. M.D. director, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Washington St. Hagerstown 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) 23a. BURIAL, CREMATION, 23b DATE THEREO REMOVAL (Specify) Hagerstown, Washington, Md. Rest Haven Cemetery 25b. REGISTRAR'S S. GNATHRE P 4007 Rest Haven Inveral (Napel Hagerstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE. MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased fived, if institution. Residence before admission) b. COUNTY o. COUNTY Lash Ington MARYLAND MARYLAND WASHINGTON CITY OR TOWN of outside carparate imits, c. LENGTH OF STAY IN 16 c CITY OR/TOWN (If autside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) the attending physician and campletely filled in by the sit permit. Then please remove carban papers. Williamsport e IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) please remove carban papers RURAL 1 YES NO Z 3. NAME OF Lost 4. DATE Month Year DECEASED ratione N Endershot 19 6 DEATH (Type or print) SEX DATE OF BIRTH IF UNDER 24 HRS 6 COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Doys Hours March 26 DIVORCED WIDOWED &mu/e 11 BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR COUNTRY? during most of working life, even if retired) **INDUSTRY** Creek 11.5. A 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME acoh WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes no, or unknown) (If yes give wor or dates of service) 9038 HENDERSHOT RD.1. HANCOCK MD. JAMES INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (a), (b) PART I. DEATH WAS CAUSED BY signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate couse (a), DUE TO stating the underlying couse O FUNERAL DIRECTOR: After this certificate hos been as the last. WAS AUTOPS' PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) NO ģ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS INDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form (County) (State) 20d, INJURY OCCURRED (City or town) 20c TIME OF INJURY Month, Day, Year Hour o.m. factory, street, office bldg , etc.) Not While ot work 1960 to decta 21 I certify that (1) (this haspital) attended the deceased fram. 19.... , that (1) (we) last Page 4 may be retained 1967, and that death accurred at 6 20 M, fram causes and an the date stated above saw the deceased alive an. r, page 3 shar be filed with t 22b. DATE SIGNED 22o. SIGNATURE 1-10-67-PHYS. M.D. PHYS. DIRECTOR 22d. **ADDRESS** 22c. PHYSICIAN S. Prospect St., Hagerstown, Md. NAME (Type) John C. Stauffer M.D. director, shauld BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) BUCK VALLEY CHRISTIAN FULTON COUNTY PENNA. 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC D BY REGISTRAR VR A15 (4) DATE 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE. MARYLAND 21201 CERTIFICATE OF DEATH 01382 death. requires that the death certificate be executed within 24 haurs after death Ay filled in by the funeral van papers Pages I and within 72 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH o. COUNTY a. STATE b. COUNTY Washington MARYLAND c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) CITY OR TOWN (If outside corporate limits, write RURAL and giver nearest town Hagerstown UZS physician and campletely filled in an please remove carban papers d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? Woodpoint Ave. 373 Woodpoint YES NO X 3. NAME OF Middle 4. DATE Firs! Lost Day Year DECEASED Mary Desales 24 Henry annary 19 67 DEATH (Type or print) IF UNDER 24 HRS. S. SEX DATE OF BIRTH AGF (In years IF LINDER 1 YEAR 6 COLOR OR RACE 7 MARRIED NEVER MARRIED last birthday) Manths Hours Days White March 7, 1911 WIDOWED DIVORCED 12. CITIZEN OF WHAT 100 USJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 1) BIRTHPLACE (County & State, or fareign country) during most of working life, even if retired) adies Dress COUNTRY? 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME William Patterson Emma Moss 17. INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, ng, or unknown) (If yes give wor or dotes of service John E. Ruder 109 E. Chestnut St. Funkstown, Md. 214-09-0379 CAUSE OF DEATH (Enter only one couse per hir for (e), (b), and (c) ONSEL AND DEATH burial-transit PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO signed L Conditions, if any, which gove rise to immediate couse (a). DUE TO stoting the underlying couse this certificate has been as the lost WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO K ģ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF FITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Dov. Year Haur a.m. Not While foctory, street, office blda., etc.) ot work O FUNERAL DIRECTOR: After 19<u>6</u>7, that (I) (200) last 21. I certify that (i) (this hospital) attended the deceased fram. Page 4 may be retained and that death occurred at 9 A M. fram causes and an the date stated above. saw the deceased alive an DATE SIGNED 22a SIGNATURE **ATTENDING** DIRECTOR PHYS. M.D. PHYS director, page 3 should be filed v 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) DATE THEREOF 23o. BURIAL, CREMATION REMOVAL (Specify) Md Hagerstown, Washington, Rest Haven Cemetery 2Sb. REGISTRAR'S SIGNATURE 2So REC'D BY REGISTRAR Hagerstown, Md. Haven Tuneral Chapel 20 M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01386 CERTIFICATE OF DEATH 01383 be executed within 24 haurs after death. and USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. STATE MARYLAND b. COUNTY WASHINGTON 1. PLACE OF DEATH completely filled in by the funeral tave carban papers. Pages 1 and a. COUNTY WASHINGTON MARYLAND c. LENGTH OF STAY IN 1b b CITY OR TOWN (If autside carparate limits, CITY OR TOWN (If outside carporate limits, write RURAL HAGERS TOWN 21 MOS . ve carban papers. Pag event, within 72 haurs d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)
WESTERN MD. STATE HOSPITAL B IS RESIDENCE ON A FARM? d STREET ADDRESS RT .#5 YES 🗍 NO DX 3 NAME OF Middle 4. DATE First Day Year OF DEATH DECEASED GRACE HOOVER JAN -ANNA 22. 196 IF UNDER I YEAR IF UNDER 24 HRS 9. AGE (In years 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH **NEVER MARRIED** remove irthday) WHITE 1918 FRMATE NOV 12 WIDOWED 12 CITIZEN OF WHAT COUNTRY 28 A 10b. KIND OF BUSINESS OR 1Da. USLAL OCCUPATION (G ve kind of work done 11. BIRTHPLACE (County & State or foreign country)
PENNSYLVANIA during master (193 in the tree of retired) THOME law requires that the death certificate 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME MARY STARNER signed by the offending pay GEORGE SWISHER 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO HAGERSTOWN (Yes, no, open known) (If yes give wor or dotes of service) 189-18-6260 MRS. MARY JANE VOGL ь cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) TERMINAL AND GENERALIZED ONSET AND DEATH PART : DEATH WAS CAUSED BY CARCI-IMMEDIATE CAUSE (a) NOMATOSIS DUF TO YEARS BREAST Conditions, if any, which gave CARCINOMA RIGHT rise to immediate couse (a), DUE TO far use as the L f Health prior tab stating the underlying cause has been last. 19. WAS AUTOPS)
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO TO FUNERAL DIRECTOR: After this certificate be retained by the haspital ar 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH etached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Hour a.m. factory, street, affice bldg., etc.) 21. I certify that (#(this haspital) attended the deceased from APRIL 30, 1965, to JAN. 22, 1967, that (III(we) last 1967, and that death accurred at 5:40 PM, from causes and an the date stated above. JAN 22 saw the deceased alive on\_\_\_ 22b. DATE SIGNED 22m SIGNATURE Francisco G, Japzen ATTENDING DIRECTOR 22d ADDRESS FRANCISCO G. JAPZON HOSP STATE WESTERN MD. MARY director, shauld b 23c NAME- OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23g BURIAL CREMATION 23b. DATE THEREOF (County) GREEN HILL CEM. 25b. REGISTRAR'S SIGNATURE 2Sq. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



1 (M	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	01387 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01384
HEALTH DEPT.	1. PLACE OF DEATH a COUNTY (VCIShington)  MARYLAND  2. USUAL RESIDENCE (Where deceased lived, if, institut on Residence before adminission)  D. STATE (Where deceased lived, if, institut on Residence before adminission)  D. STATE (VCIShington)
leoth If Cry delay Pages 1, 2, and 3 with form PM3. Page State Department 72 hours after deat	b CITY OR FOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL ford give nearest towns to the CITY OR TOWN (foutside corporate timits, write RURAL and give nearest town)  CITY OR TOWN (If outside corporate timits, write RURAL and give nearest town)
h If ges 1, 7 form of Dep hours	a name of Hospital or Institut on (If not in haspital give street address)  d STRIST ADDRESS  Cutal Reute 6  o IS RESIDENCE ON A FARM? YES NO
	MAME OF DECEASED (1/ye or print)  S SEX  6 COLOR OR RACE  7. MARRIED  NEVER MARRIED  19 AGE (In years   IF UNDER 1/4 ARR)  19 AGE (In years   IF UNDER 1/4 ARR)
hours ofter ltem 18. Give Office olang land2 with the	S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED 7/23/1965   9 AGE (In years IF LADLE I YEAR IF UNDER 24 HRS. Morrins Days Hours Min. 100 USUA, OLCHAT ON (Give kind of work dane 100 KIND OF BUSINESS OR 1) BIRTHPLACE (State or fore on country) A 12 CITIZEN OF WHAT
24 in l	during most of work notifie even of 3 et red) INDUSTRY, S. A. (CC., N.)d. (OUN)RY, S. A.
d e e	13 FATHER'S NAME LECTORISH HERST 14 MOTHER'S MA DEN NAME Martin 200
be executed "pending" in lief Medical E. nost permit. F	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no of strik pown) (If yes give wor or dates of service)  ACOE FEMALE HE WAS DECEASED EVER IN U.S. ARMED FORCES?  Address  Ad
	1B. CAUSE OF DEATH (Enter only one couse per ne for (a), (b), and (c) PART I DEATH WAS CAUSED BY ONSET AND DEATH  O 2 5 IMMEDIATE CAUSE (a) Suffication I minute
ote shauld be end the word "period to the Chief of buriol-transit cremotion, or re	Canditions, if any, which gave (b) (b)
certificate shauld word writing the word rwarded to the Clased os a burial-transcribely, cremotion,	stating the underlying cause lost.    DUE TO   Column   C
s certifica s, writing forwarde used os buriol, c	PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  19 WAS AUTOPSY PERFORMED?  PERFORMED?  YES AND IT OF WAS AUTOPSY PERFORMED?
Nector. This cose execute the certificate, irector. Page 4 should be for anned for your files.  IRECTOR: Page 3 should be u designated agent, prior to be	20d EXTERNAL CAUSE WAS 20d DESCRIBE HOW N.LRY OCCURRED (Enter nature of injury in Part or Part I of item 1B) PRIMARY TO OF OLD IT ING I most of weight resting on chest preventing child from any chest (AUSE OF DEATH
EXAMINER: ute the cert age 4 should your files. Page 3 shou	20c TiME OF NJURY Manth, Day, Year   20d INJURY OCCURRED   20e PLACE OF NJURY (Hame, form,   20t (City at fawn) (County) (State)
MEST AL EXA pleose execute director. Poge etanned for you DIRECTOR: Poggist designoted og	21. I certify that I took charge of the remains described above, held an Autopsy 😓 , Inspection 📋 , Inquiry 🔲 , ond 'n my 🗫 an
irector.	death resulted from: Notural causes , Accident , Suicide , Hamicide , Undetermined manner   CHIEF MEDICAL EXAMINER   22. DATE SIGNED
	SIGNATURE
o DEPUTY N necessary, plk the funerol d 5 may be ret 5 puy be ret Health or its	NAME (Type) Dr. E. W. Ditto, Jr. Address (Street, city, town, or county) Hagerstown, Md.  230 BURIAL (REMAIION, 23b DATE THEREOS. 23c NAMP OF FEMPLERY OR GREMATORY) (23d LOCATION (City op Town) (County), (State)
<b>5</b>	REMOVAL (Specty) 1/26/67 (E) + (Muze) (CLU, GIAS), (O, M)  24 FUNERAL DIRECTOR ADDRESS 250 REGISTRAR 256 REGISTRAR SIGNATURE
VR A15ME (5)	(LE, Mjennely- Excenciatte & DATE JAN 27 1967 Charles Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01388 01385 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o. STATE **b** COUNTY WASHINGTON WASHINGTON cidy and campletely filled in by the fur tease remove carbon papers. Pages, 1' and in any event, within 72 haurs affer MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) LIFE HAGERSTOWN d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? JEFFERSON ST. 339 339 JEFFERSON ST. NO EX NAME OF Middle 4. DATE Eirst Last Manth Day Year DECEASED MARY **JANE** HOSE JANUARY 67 (Type or pant) DEATH IF UNDER 1 YEAR IF LNDER 24 HRS S. SEX 6 COLOR OR RACE B DATE OF SIRTH 9. AGE (In years 7 MARRIED NEVER MARRIED Manths Days FEMALE WHITE 5/28/1890 WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT COUNTRY? MCHAIN THE MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, ar remayal, g phy WILLIAM A. HOSE MARY E. BAUGHMAN 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. HAGERSTOWN MD. (Yes, no or unknown) (If yes give war or dates at service 220-34-0913 MR. FRED HOSE JR. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
PUllmonary signed by the burial-transit p Pulmonary edema SOUTH HISTORATH IMMEDIATE CAUSE (o) the haspital ar attending physician. 418011 DUE TO Conditions, if any, which gave (b) Arteriosclerotic heart disease with Indefinite rise to immediate cause (a). DUE TO cardiac failure stating the underlying cause priar to l last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19 WAS ALTOPSY PERFORMED? CATION NO certificate 20b, DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 1) of Item 18.) 200 ACCIDENT WAS UNDERLYING . OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (State) Haur a.m. Nat While factory, street, affice bldg., etc.) Jan. 25 07 to Jan. 25 197 , that (1) (we) lost 21. I certify that (1) (this haspital) attended the deceased fram. sow the deceased alive on Jan. 25 1967, and that death accurred of M, from causes and an the date stared above FUNERAL DIRECTOR: 72b DATE S GNED 22a. SIGNATURE STAFF ATTENDING PHYS DIRE

22d ADDRESS 148 DIRECTOR 1/27/67 director, page 3 should be filed v M.D. PHYS. West Washington Street 22c. PHYSICIAN'S TO HOSPITAL NAME (Type) B. B. Kneisley. M.D. Hagerstown 23d ±OCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION 23b DATE THEREOF (County) (Stote) HAGERSTOWN MD -ROSE HILL CEM. 2 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 25g REC'D BY REGISTRAR liant of

N.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01386 ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 haurs after death. completely filled in by the funeral nove carbon papers. Pages 1 and nove carbon papers. Papars after deal PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY a. STATE Washington Marvland Washington MARYLAND b CITY OR TOWN (If outside corporate limits, wate RURAL and give nearest town)

Hagerstown C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hager stown vears d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? 2012 Virginia Ave. Friendship Nursing Home YES NO move carbon 3. NAME OF Middle 4. DATE Dov Year DECEASED (Type or print) 67 January £11en Amanda 19 DFATH 6 COLOR OR RACE 7 MARRIED DATE OF BIRTH 9 AGE (in years IF JNDER 1 YEAR **NEVER MARRIED** last birthday) 5-17-21 white female WIDOWED DIVORCED 10o USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) 12. CITIZEN OF WHAT during most of working the even if retired)
Nurses Aide signed by the ottending physician-Hagerstown. Md. Convalsent Home 13 FATHER S NAME 14. MOTHER'S MAIDEN NAME ог геттоуа Lewis Bryan Ellen Reynolds WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT (Yes, na, ar unknown) (If yes give war or dates of service) 217-09-9594 Darla Ann Munson Hagerstown, Md. no WTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line fag.(a), (b), and (c).) NSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Page 4 may be retained by the hospitol or attending physicion. DUE TO Conditions, if ony, which gove rise to immediate couse (o). DUE TO r this certificate hos been si detoched far use as the b te Dept. of Health prior to b stating the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) WAS AUTOPS'
PERFORMED? e177/p/e419 NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20a ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc TIME OF INJURY Manth, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour a.m. Not While factory street, affice blda, etc.) director, page 3 should be calculated should be filed with the Store 21. I certify that (I) (this hospital) attended the deceased fram. 19 67, and that death occurred of M, from causes and an the date stated above sow the deceosed olive on... 22a. SIGNATURE 22b. DATE SIGNED DIRECTOR 22d. ADDRESS 22c. PHYSICIAN S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 230 BUR AL, CREMATION, 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (Stote) 185MGWAL (Spenify) 1-12-67 Rose Hill Cemetery Hagerstown, Md. 24. FUNERAL DIRECTOR **ADDRESS** VR A15 (4) 20 M 1/66 Minnich Funeral Home Hagerstown, Md. DATE



1(N	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STANE	
HEALTH DEPT.	1. PLACE OF DEATH  e. COUNTY  The country  T
essary r. Page files. ant of	washington Maryland Washington
is necessary, director, Page or your files. epartment of saith.	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
ay is nectal directory your Departmedeath.	Sharpsburg 8 month Sharpsburg
1 4 4 D 5 1	d. NAME OF HOSPITAL OR INSTITUTION (if not In hospitel, give street eddress)  d. STREET ADDRESS  e. 15 RESIDENCE ON A FARM
s funeral fer after d	303 W. Chaplin Street   303 W. Chaplin Street   YES   NO 5
h. If any de to the funer to the funer os retained to the State hours after	3. NAME OF DECEASED (Type or print) Trene Linetta Hutson Death Jan. 6 19 67
	5. SEX   6. COLOR OR RACE 7. MARRIED   8. DATE OF BIRTH   9. AGE (In years IF UNDER 1 YEAR   IF UNDER 24 HRS
를 등 트 CV iE	Female White WIDOWED DIVORCED Dec. 3 1910 56 yrs. Manths 34 Hours Min.
s after 1, 2, an ge 5 m and 2 within	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
Pag Pag s 1 s	Ret'd Waitress Restaurant Nebraska U.S.A
43. 89. 80. 80.	13. FATHER'S NAME
File p	Jack Worlin Emma Libia Lamb
in Figure 1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 303 W. Chaddese n St. Md.
ited will tem 18. with fo permit.	No   '   508 07 9580 Mr. Hubert William Hutson Sharpsburg
0 - n + m	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).)
ould be exect in pencil in Office along burial-transit	PART I. DEATH WAS CAUSED BY, MANEDIATE CAUSE [6] SULPTURE CONSET AND DEATH
d be pen ial-in	116X DUE TO
in i	Conditions, if eny, which (b)
ling's er's ation	geve rise to immediate couse  (e), stating the underlying  DUE TO
rrifical "pend xamin used a	eauso lari. (c)
certificand "per life in Example used be used in a cre	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED?
	YES NO X
R: Ti hedi to b	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO PRIMARY OF CONTRIBUTING CAUSE OF DEATH.
NEI nef A	See July William Graph Secret Della Contraction
EXAMINER: ale, writing the b the Chief Me R: Page 3 sho agenf, prior to	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURED 20c. PLAST OF INJURY (Home, ferm, 20f. (City or town) (State)  While [Not White of work of work of work of work of work of work of work]
NEDICAL EXA for the certificate, we forwarded to the L DIRECTOR: Pa designated agent	Fim. 1/6 1967 of work of work to Home Sthorps Divg MO.
ULY Nadical, EX. execute the certificate, Id be forwarded to the IERAL DIRECTOR: or its designated ager	21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion
CAL Certific arded to RECTO	death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner .
the the signature as ignature	CHIEF MEDICAL EXAMINER [] 1/8/67
	SIGNATURE
UTY SX ecu d be or its	EXAMINER'S DEPUTY MEDICAL EXAMINER & 580 NOTE OF 19
DEPUTY N. STOCAL EX ease execute the certificate should be forwarded to the FUNERAL DIRECTOR: ealth or its designated age	NAME (Type)  Address (Street, city, lown, or county)  Address (Street, city, lown, or county)  Address (Street, city, lown, or county)  22c. NAME OF CEMETERY OR CREMATORY  22d. LOCATION (City, lown, or county)  (Steta)
	REMOVAL (Specify)
Ö <sub>≖</sub> 4Ö∓	Burial Jan. 10-67 Mt. View Cemetery Sharpsburg Maryland  23. FUNERAL DIRECTOR ADDRESS 1246. RECT BY REGISTRAL'S SIGNATURE
VR AISME VAL	All and T T O WILLS
5M 1/63	Albert L. Leaf Williamsport Md.   DATE JAN 10 1967 PC . La Judge





DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 01389 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY o. STATE b. COUNTY MARYLAND c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside carporale limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town) iams d NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION YES NO TO 0 Ξ, NAME OF Middle 4. DATE Day Year Manth OF DEATH DECEASED (Type or print) 19 6 AGE (In years last britiday) 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS 5 SEX 7. MARRIED NEVER MARRIED Months WIDOWED [2] DIVORCED [ 12. CITIZEN OF WHAT COUNTRY? 100 USJAŁ OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR INDUSTRY fareign country) during mast of working life, even if retired) Cas HOUSEWi 13. FATHER'S NAME 17. INFORMANT S ARMED FORCES? 116, SOCIAL SECURITY NO -720 INTERVAL BETWEEN 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and ONSET AND DEATH **DEATH WAS CAUSED BY** IMMEDIATE CAUSE (o) DUE TO gned by permit. Canditians, if any, which (b) gave rise to immediate **DUE TO** cause (a), stating the underlying couse last. **burial-transit** WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING [7] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm | 20f (City or tawn) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) Haur a.m. While Nat while at wark D M al wark 21 1 certify that (1) (this haspital) attended the deceased from. 19 6.7 and that death accurred at 3 4 M, from the causes and an the date stated above saw the deceased alive on 22a. SIGNATUR SIGNED ATTENDING M D FUNERAL DIK 22c. PHYSICIAN'S 22d. ADDRESS 3 shau d 23a. BURIAL, CREMATION, 23b DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town or county) (State) REMOVAL (Specify) Green Hill Franklin Co... Waynesboro. 25b, REGISTRAR'S SIGNATURE ADDRESS 25g. REC'D BY REGISTRAR 24, FUNERAL DIRECTOR'S SIGNATURE Waynesboro Pa. VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01393 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY 3 to Page **b** COUNTY Washington Maryland 0 Washington after death MARYLAND partment o 8 b CITY OR TOWN (f outside corporate limits. CLENGTH OF STAY IN 16 c City OR TOWN (I outside corporate limits, write RURAL and give nearest town) gud PM3 write RURAL and give necrest town) Hagerstown Haaerstown d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress d STREET ADDRESS IS RESIDENCE ON A FARM? e State De 838 Maryla 838 Maryland Ave. 8. Give Pages Hue. NO DO 3 NAME OF Middle DATE DECEASED Louise Johnson January within (Type or print) S SEX 6 COLOR OR RACE 8 DATE OF BIRTH AGE (In years IF UNDER 1 YEAR FUNDER 24 HRS last bithday) Months Dovs White Female WIDOWED DIVORCED haurs event in Item 1 10o USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR BIRTHPLACE (State or fore an country) 12 CITIZEN OF WHAT during most of working life, even if retired) Restaurant Margansville, Md. Cook pencil 13. FATHER'S NAME ⊆ Lillie Minnebraker Isaac Horst ond IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Md (Yes, no, grunknown) (If yes give wor or dotes of service) or remayal, 203-10-3866 Mrs. Lois Mowen 866 Virginia Ave. Hagerstwon 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burnal-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Coronary Thrombosis writing the ward crematian, DUE TO Conditions, if ony, which gove Coronary Artery Disease rise to immediate couse (a), DUF TO stoting the underlying couse ø 90 Arteriosclerotic Cardio Vascular Disease burnal, vear PART 1 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED? please execute the certificate. YES TE NO pe designated agent, priar ta 20o. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) 3 shauld PRIMARY I or CONTRIBUTING I AL EXAMINER: CAUSE OF DEATH 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) Hour o.m. factory, street, affice bldg., etc.) Not While may be retained tar your FUNERAL DIRECTOR: Page 21. I certify that I taak charge of the remains described above, held an Autapsy (x), Inspection Inquiry and in my apinian Natural causes 🗶 Accident death resulted fram: Suicide | Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE  $1 - 1 \mu - 67$ the funeral O DEPUTY FUNERAL Health or DEPUTY MEDICAL EXAMINER [X] **EXAMINER'S** Dr. E. W. Ditto. NAME (Type) Address (Street, city, town, or county) Hagerstown. 230 BURIAL, CREMATION, 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) REMOVAL (Specify) Beattiful View Cemetery Middleburg. Washington. Md VIII A15ME (5) daaerstown. Ma



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01391 CERTIFICATE OF DEATH 01394 death, be executed within 24 hours after death Bug 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) PLACE OF DEATH o. COUNTY n. STATE **F. COUNTY** Washington MARYLAND Marvland Washington C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 6 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours years Hagerstown Hagerstown d NAME OF HOSP TAL OR INSTITUT ON (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? and completely filled in ve carban papers event, within 72 h S. Mulberry St. 141 S. Mulberry YES NO 3 NAME OF Middle 4 DATE Dov Year remave carban DECEASED John Samual Jones January 67 DEATH 19 AGE (In years S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH 86 birthdoy) Months Dovs Hours white 1-9-1881 male DIVORCED 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10p USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) police dept. COUNTRY? please physician Maugansville, Md. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME remaya signed by the attending phy burial-transit permit. Then Inerson S. Jones Sarah A. Hause IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANI law requires that the death (Yes, no. or unknown) (If yes give war or dotes of service 6 214-09-7414 Robert B. Jones Hagerstown. burial, crematian, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY. ONSET AND DEATH IMMEDIATE CAUSE (o) by the haspital ar attending physician. Conditions, if any, which gove rise to immediate couse (a) DUE TO far use as the L Health priar ta b stating the underlying couse TO FUNERAL DIRECTOR: After this certificate has been WAS AN OPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION YES T NO 🗗 for 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) Έ detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year factory street office bldg atc) Hour o.m. 21 | certify that (1) (this hospital) attended the deceased fram be retained shaufd filed with the and that death accurred at 52 My from courses and an the date stated above saw the deceased alive an DATE SIGNED 22a, SIGNATURE + ATTENDING MED. STAFF DIRECTOR director, page should be filed 22d ADDRESS 22c PHYSICIAN'S Page 4 may NAME (Type) Hagerstown, Md. 21740 Keadle 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION 23b DATE THEREO (County) REMOVAL (Pacrily) 1-12 rose Hill Cemetery 24. FUNERAL DIRECTOR ADDRESS VR A15 (4) DATE Minnich Funeral Home Hagerstown. 20 M 1/66 Md.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, 11 Institution; Residence before admission) Washington a. STATE b. COUNTY Maryland Washington MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b 6 hrs. hours Williamsport Rural RFD #1 Hagerstown papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 24 County Hospital Downsville Pike Washington within YES No K eleiy executed within 3. NAME OF First Middle Last DATE Month Day Year DECEASED OF DEATH William event, Lewis Kaetzel Comillia (Type or print) Jahr 19 6. COLOR OR RACE | 7. MARRIED DATE OF BIRTH AGE (In years | IF UNDER I YEAR | IF UNDER 24 HRS last birthday) | Months | Days | Hours | Min. NEVER MARRIED апу Male White July 1917 WIDOWED [ DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? death certificate be Maryland U.S.A Molder Pangborn Corp 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Kaetzel

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war or dates of service) Edna Hartle 17. INFORMANT 16. SOCIAL SECURITY NO. Williamsport RFD 1 6 permit 214-09-7573 Mrs. Pauline Kaetzel cremation, Marvland No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ruptured aneurysm of the arch of the aorta burial-t burial, DUE TO Bossible hypertension disease undetermine Conditions, If any, which (b) gave rise to immediate the t DUE TO cause (a), stating the underlying cause last. SB PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? for us Healt Gastric ulcers YES 7 NO F 203. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) Hour a.m. Not While at work at work from Jan.25, 1967, to Jan.25, 197, that (I) (we) last and that death occurred at  $\frac{4}{3}$  M, from the causes and on the date stated above. 21. I certify that (I) (this hospital) aftended the deceased from Jan. 25 D DIRECTOR: age 3 should iled with the saw the deceased alive on 22a, SIGNATURE 22b. DATE SICNED Jan 27,67 -M.D. PHYS. 宣 TO HOSPITAL FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS 100 Professional Arts Blda.. director, should be NAME (Typ) Layman, Hagerstown, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF (State) REMOVAL (Specify) 0 Greenlawn Jan. 28 1967 Cemeterv Williamsport Maryland Burial FUNERAL DIRECTOR REC'D BY RECISTRAR I Mr. Albert L. Leaf Williamsport Maryland VR A15 (4) 20 M



PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) white RURAL and give seerest town) OF HOSPITAL OR INSTITUTION (if not in pospital, give street eddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? Tree 11C YES NO Middle (Type or print) DEATH IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED AGE (In years IF UNDER I YEAR ! last birthday) DIVORCED 16. CAUSE OF DEATH [Enter only one cause per sine (or (e), (b), and (c).] ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) d a DUE TO Conditions, if eny, which 5 ren 605/3 gave rise to immediate cause DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Itam 18.) 200. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED . 20e, PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) (Stelle) fectory, street, office bldg., etc.] Hour e.m. While Not While at work et work 21. I certify that (I) (this hospital) attended the deceased from J.S.T. J. ....., 19.64; to J.R.M. I. Z. ..., 19.67, that (I) (we) last saw the deceased alive on T? A 22b. DATE 22a. STGMATURE ATTENDING\_ SIGNED PHYS. DIRECTOR 22c. PHYSICIAN 22d. ADDRESS 23a, (BURNAL, CREMATION, | 23b. NAME OF CEMETERY OR CREMAJORY DOVAL (Specify) 24 FUNERAL DIRECTOR'S SIGNATUR 15M 7/61



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01397 death. requires that the death certificate be executed within 24 hours after death. and 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before during and completely filled in by the funeral remave carban papers. Pages 1 and 1. PLACE OF DEATH a. STATE Maryland a. COUNTY b. COUNTY Washington papers. Pages 1 c hin 72 haurs after d Washington MARYLAND b CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give negrest town) Rural Blairs Valley 45 Y 45 Yrs. Rural Blairs Valley Md IS RESIDENCE ON A FARM? d. STREET ADDRESS event, within 72 NO # Blairs Valley YES Blairs Valley Rural Rural 3 NAME OF Lost 4 DATE Year DECEASED January 7

(In veors | IF UNDER 1 YEAR Keifer (Type or print) DEATH Beatrice Anna S SEX AGE (In years IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH lost birthdoy) Manths Doys Haurs and in any DIVORCED 21,1903 Female White 1Db KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 10o ...S. AL OCCUPATION (Give kind of work done blease during most of working life, even if retired) INDUSTRY COUNTRY? Farmington, W. Va. Kitchem Aide Hespital 13 FATHER'S NAME crematian, ar remayal Dessie Lee Cooper Arthur Clovd Fisher IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO Md. ottendih (Yes, no, ar unknown) (If yes give wor ar dotes of service) Mrs Iona Weaver, Rd.1. Clear Spring Ne 219-20-0633 INTERVA. BETWEEN 18. CAUSE OF DEATH (Enter any one cause per line for (o), (b), and (c)) signed by the burial-transit p ONSET AND DEATH PART I DEATH WAS CAUSED BY arcenous Quaruour IMMEDIATE CAUSE (o) 18 NOL DUE TO burial, 186100 Conditions, if any, which gove rise to immediate couse (a), DUE TO stating the underlying cause Page 4 may be retained by the hospital ar attending as the TO FUNERAL DIRECTOR: After this certificate has been lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 3 shauld be detached far use with the State Dept. of Health. NO M øŚ YES 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Item 18.) 200 ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Manth, Doy, Year Haur o.m. 20d INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) factory, street, affice bldg., etc.) Not While OR ATTENDING at wark 21. 1 certify that (1) (this hospital) attended the deceased fram Sept 15, 1966, and that death accurred at 72 , 19 6 7, that (I) (we) last , 19686,6, to I am M, fram causes and an the date stated above. 22b. DATE SIGNED 22o. SIGNATURE **ATTENDING** MED. DIRECTOR director, page 3 shauld be filed v M.D. PHYS PHYS 217 W. Washington Street Hagerstown, Maryland 22d. ADDRESS PHYSICIAN'S NAME (Type) Edward W. Ditto. III. M.D. 230 BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (Stote) Blairs Valley Wash 10/67 Blairs Valley Cem. 2Sb REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 2So REC'D BY REGISTRAR Charles VR A15 (4) 20 M 1/66 Clear Spring, Md. 1967

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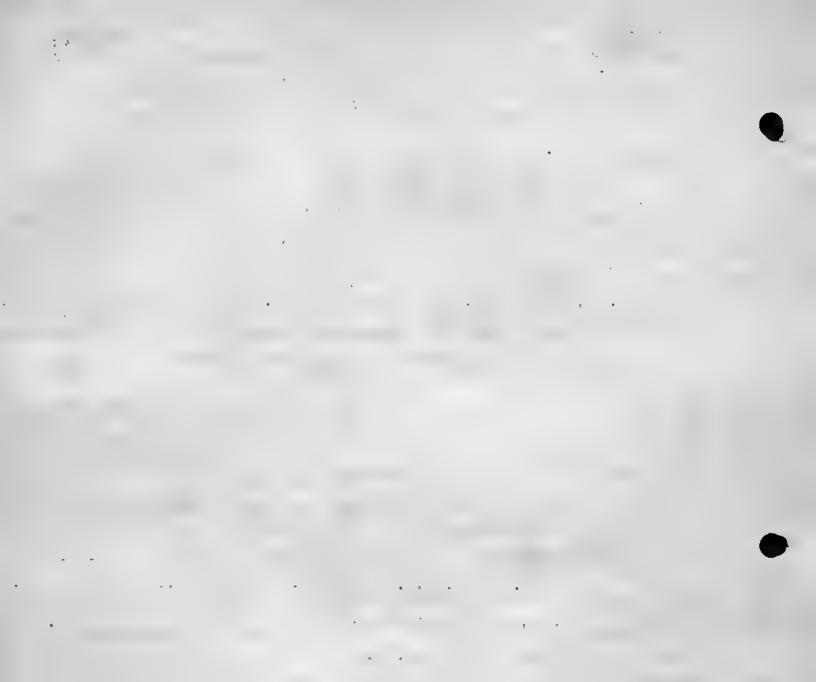
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01398 CERTIFICATE OF DEATH 01395 executed within 24 hours after deoth. death, the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 6 COUNTY Washington o. COUNTY o. STATE Maryland Washington MADYNA icionfond campletely filled in by the fur leose remove corbon papers. Pages 1 and in any event, within 72 haurs after b CITY OR TOWN (If autside carparate simits, write RURAL and give necrest tawn)
Hagerstown C LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) 16 Days Frederick d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARMA Washington County Hospital 302 Center Street NO. NAME OF DECEASED (Type or pnnt) Middle 4. DATE First Last Year OF January Rov 19 67 Hanson Kinsev IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH AGE (in years S SEX 6 COLOR OR RACE 7 MARRIED X NEVER MARRIED last burthday) Manths Days Haurs March 23-1910 Male White WIDOWED DIVORCED ng physician and c Then please remo 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT duing most of working life eyes if repred) Livilian Gov to Employee Ft. Detrick-Md. Frederick Co. Md. OR ATTENDING PHYSICIAN: The law requires that the death certificate 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME signed by the attending physi bunal-transit permit Then pl burial, crematian, or remaval, John E. Kinsey Virgie Crum 17 INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 302 Center Street (Yes, no, or unknown) (If yes give wor or dates at service) Mrs. Hilda W. Kinsey Frederick. Md. 214-10-2739 INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c).
PART I. DEATH WAS CAUSED BY. Respiratory ONSET AND DEATH Respiratory failure. IMMEDIATE CAUSE (o) TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retoined by the hospital at offending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by 12 days Conditions, if any, which gave (b) Basilar thrombosis. nse ta immediate couse (a). DHE TO stating the underlying couse the the prior to 05 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Hypertension. be detached for use State Dept. of Health Diabetes. NO XIX 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g ACCIDENT WAS UNDERLYING [1] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e PLACE OF INJURY (Hame, farm, 20f (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED factory, street, affice bidg, etc.) Nat While at wark ta 1-17-67 19\_\_\_, that (I) (we) last 1-2-67 19 21. I certify that (I) (this haspital) attended the deceased fram director, page 3 should should be filed with the sow the deceased alive an 1-16-67 ond that death occurred at 1:10a.M. from causes and on the date stated above 22a. SIGNATURE 226 DATE SIGNED Rulled. 1-17-67 DIRECTOR PHYS 132 N. Potomac St. 22d ADDRESS 22c. PHYSICIAN'S A. F. Abdullah, M. D. NAME (Type) Hagerstown, Md. 21740 23c. NAME OF CEMETERY OR CREMATORY 23d 10CATION (City or Town) 23a BURIAL, CREMATION 23b DATE THEREOF (State) REMOVAL (Specify) Frederick, Md. 21701

GISTRAR 25b REGISTRAR'S SIGNATURE Jan. 19-1967 Mt. Olivet Cemetery 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Frederick, Md. 1967 1'charces Judge DATE JAN





RYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01401 PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. remove corbon papers. Pages I ond 's n'any event, within 72 hours after death 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) the ottending physicion and completely filled in by the funeral sit permit. Then, please, remove carbon papers. Pages I and PLACE OF DEATH a. COUNTY u. STATE **b.** COUNTY Maryland Washington MARYLAND Washington b CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Rural Pen Mar. Penna. Hagerstown h days d. NAME OF HOSPITAL OR INSTITUT ON (If not in haspital, give street address) IS RESIDENCE ON A FARM? d. STREET ADDRESS Washington County Hosptial YES NO 🍱 3 NAME OF DECEASED Middle DATE Month Year First Day ŌF Charles Walter 1967 Manahan Jan. 1 DEATH (Type or print) IF UNDER I YEAR IF UNDER 24 HRS 9 AGE (In years S SEX 6 COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED birthday) Days Haurs Oct. 28, 1891 White Male WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done during most of working ife, even if retired) 12 CITIZEN OF WHAT 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? INDUSTRY Frederick Co., Md. Fireman Fort Ritchie. Md. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Daniel Manahan Amanda E. Buhrman or remov 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Box 5 **O FUNERAL DIRECTOR:** After this certificate has been signed by the ottendin director, page 3 should be detached for use as the burial-transit permit. (Yes, na, or unknown) [(If yes give war ar dates of service) 220-05-6468 Mrs. Helen Laspe Pen Mar. Penna INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per fine for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY ONSET AND DEATH Cerphia IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital or attending physicion. 4 moul DUE TO Canditians, if any, which gave Archiovasiular rise to immediate cause (a), DUE TO stating the underlying cause should be detoched for use as the with the State Dept. of Health prior to last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) FICATION NO 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (County) (State) 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year Not While factory, street, office blda., etc.) at work at work . 196 /, that (I) (we) last 21 I certify that (I) (this haspital) attended the deceased fram. , 1959 to 1967, and that death accurred at 820 M, from causes and an the date stated above. saw the deceased alive on, 22b. DATE SIGNED 22a SIGNAJURE **ATTENDING** MED. DIRECTOR -2-6 M.D. PHYS. director, page 3 should be filed a PHYS 22d. ADDRESS 22c. PHYSICIAN'S Charles Hess Smithsburg. Md. NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (State) 23o. BURIAL, CREMATION, REMOVAL (Specify) Frederick Md. 1/4/1967 Bethel Lantz 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** 25g. REC'D BY REGISTRAR VR A15 (4) Waynesboro. Penna. 20 M 1/66 DATE !



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 01399 funeral and 2 death. 24 hours after death. and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Maryland Washington Washington MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURA), and give nearest town)
Hagerstown c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENCTH OF STAY IN 1b Boonsboro RFD #1 Rural 6 month bon papers. within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE d. STREET ADDRESS pa ON A FARME Boonsboro Md RFD Friendship Manor Nursing Home NO X YES letely death certificate be executed within carbon NAME OF First Middle DATE Month Day Last Year DECEASED 27 67 event, DEATH Jan. COMPL (Type or print) Thomas Francis Marrow 19 SEX OATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 6. COLOR OR RACE 9. 7. MARRIED [ NEVER MARRIED X remove last birthday) Months Days Hours any Male White Mav WIDOWED OIVORCED | 10a. USUAL OCCUPATION (Cive kind of work done during most of working life, even if retired) physician in please r 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Sharpsburg Md. Labor 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Marrow Marv o Renner 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes no, or unkown) ((fyes give war or dates of service) Lewis F. Mose Boonsboro Md RFD #1 274-54-0292 INTERVAL BETWEEN 18. CAUSE OF BEATH (Enter only one cause per line for (a), (b), and (c), ) The law requires that the QNSET AND DEATH signed by urial-transit PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OUE TO buri Conditions, If any, which (b) been gave rise to Immediate 유유 DUE TO cause (a), stating prior underlying cause last ICATION 19. WAS AUTOPSY PERFORMED? PART II. OTHER SICNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT for use Health certificate YES NO 202. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) detached f te Dept. of WEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from. DIRECTOR: and that death occurred at 3 sho saw the deceased alive on 1961 M. from the causes and on the date stated above. 22b. DATE SICNED 22a. SICNATURE filed MED. DIRECTOR page PHYS. O HOSPITAL 22d. AODRESS FUNERAL PHYSICIAN'S director, p should be 1 NAME (Type) Page ! (State) NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) BURIAL, CREMATION, DATE THEREOF Sharpsburg Maryland REMOVAL (Specify) 2 Mt. View Cemetery Jan. 30-67 Burial AOORESS REGISTRAR'S SIGNATURE 25a. REC'O BY REGISTRAR 25b. 24. FUNERAL DIRECTOR Albert L. Leaf Williamsport Maryland VR ALS (4) DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY Pages 1 after b. COUNTY WASHINGTON MARYLAND WASHINGTON MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b within 72 hours HAGERSTOWN DAYS HAGERSTOWN filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? WASHINGTON COUNTY HOSPITAL 214 E. FRANKLIN STREET YES T NO A within 3. NAME OF First Middie DATE Day DECEASED CHARLES WILLIAM MARTIN DEATH JANUARY 67 (Type or print) 10 19 6. COLOR OR RACE | 7. MARRIED AGE (in years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Months | Days | Hours | Min. 8. DATE OF BIRTH NEVER MARRIED OCT. 2, 1887 MALE WIDOWED F DIVORCED 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
RETIRED SALESMAN certificate be COUNTRY? FREDERICK CO., MARYLAND U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOHN D. MARTIN MARY H. HANN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT HATCHHAS NOW didress VIAR VOLTA IND 214-09-1621A Mr. C. FRED MARTIN 214 E. FRANKLIN STREET been signer the burial-transit in to burial, cremati 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). Acute pneumonitis 5 days DUE TO pulmonary congestion Conditions, If any, which gave rise to immediate DUE TO arteriosclerotic heart disease cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? CERTIFICAT diabetes mellitus: previous cerebral vascular accident NO S YES | 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OCAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 1) of Item 18.) none 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) Hour a.m. Not While At work at work none 19 none to Jan 21. I certify that (I) (this hospital) attended the deceased from\_ Nov 1 1963 10 1967 , that (I) (we) last DIRECTOR: age 3 should filed with the 10 1967 \_, and that death occurred at \_\_A \_\_M, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR 1/10/1967 O FUNERAL PHYSICIAN'S 22d, ADDRESS director, p should be NAME (Type) HAROLD R. TRITCH JR. M.D. N. POTOMAC ST. HAGERSTOWN. MD. BURIAL, CREMATION., 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BUREMOVAL (Specify) 1/13/1967 REST HAVEN CEMETERY HAGERSTOWN. MARYLAND 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS CHARLES M. ROUZER HAGERSTOWN, MARYLAND



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01404 law requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission o. COUNTY Washington o. STATE Maryland b. COUNTY MARY! AND Washington c CITY OR JOWN (If outside corporate limits, write RURAL and give negrest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Boonsboro Life Boonsboro d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? N. Main St. YES NO X N. Main St. Middle 3. NAME OF DATE inst Month DECEASED Mav Martz January 19 67 (Type or print) Cora DEATH 8 DATE OF BIRTH AGE (In years lost birthdoy) IF UNDER 1 YEAR LIF UNDER 24 HRS S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED Months Hours April 16,1891 WIDOWED DIVORCED Female White 12 CITIZEN OF WHAT 100. USUAL OCCUPATION (Give kind of work done TOB KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) Own Home during most of working life, even if retired)
Housewife COUNTRY? U. S. A. Boonsboro, Md. 14. MOTHER'S MAIDEN NAME F3. FATHER'S NAME Clayton Smith Fannie Smith IS WAS DECEASED EVER IN L S ARMED FORCES? 17. INFORMANT Address 16 SOCIAL SECURITY NO. Md . permit. (Yes, no, or unknown) (If yes give wor or dotes of service) Mrs. Faye DeVore, 217 High St. Hagerstown, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per one for (a), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o **DUE TO** signed Conditions, if any, which gave rise to immediate couse (a). **DUE TO** stating the underlying couse os the priar ta PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? CERTIFICATION USe NO far 200, ACCIDENT WAS UNDERLYING [] 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING FT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour o.m. Not While of work p.m. TO FUNERAL DIRECTOR: After 7 Almany 32, 1967, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram 5-1X-1909 to be retained saw the deceased alive an January 30 1967, and that death accurred at 9 38 M, from causes and on the date stated above. 22b. DATE SIGNED 22a SIGNATURE ATTENDING 71-M.D. DIRECTOR director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S BOONSBORO SECONDARO NAME (Type) 23d. LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23b DATE THEREOF (County) (Stote) 2- 2- 67 Boonsboro Cemetery Boonsboro, Maryland 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 25o. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 Meanle John H. Bast, Jr. 112 N. Main St. Boonsboro Md DATE





MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01405 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01402 FOR STATE HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o COUNTY Washington Maryland Washington MARYLAND delay  $\sim$ b (ITY OR TOWN (f autside carparate limits, + write RURA, and give nearest town) c LENGTH OF STAY IN 1b c. (ITY OR TOWN (It outside corporate limits, write RURA, and give negrest town) puo after Highfield 1 day Hagerstown d NAME OF HOSPITAL OR INSTITUTION (II not in hospital, give street address) d STREET ADDRESS B IS RESIDENCE with the State Dep within 72 haurs o ON A FARM? Washington County Hosp. Water Company Rd. YES NO 🔼 3 NAME OF Middle First Lost 4 DATE Month Day DECEASED F. McGrath Jr. Daniel Jan. 28 1967 (Type or print) DEATH S SEX 7 MARRIED K 8 DATE OF BIRTH FUNDER I YEAR IF UNDER 24 HRS 6 COLOR OR RACE NEVER MARRIED 9 AGE (In years last birthdoy) W DOWED DIVORCED Oct. 1, 1924 Male White Do USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR .1 BIRTHPLACE (State or foreign country) 12 CIT ZEN OF WHAT during most of working life, even if retired)

Management Engineer COUNTRY? INDUSTRY New York Aircraft penci 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Daniel F. McGrath Sr. Mary Brennan IS WAS DECEASED EVER IN U.S. ARMED FORCES? -16 SOCIAL SECURITY NO 17 INFORMANT Address Box 38h shauld be executed please execute the certificate, writing the ward "pending" i director. Page 4 should be farwarded to the Chief Medical (Yes no, or unknown) , fiyes give wor or dotes of service) ar removal, 084-18-6993 Mrs. Barbara McGrath Blue Ridge Summit, Pa. no 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY-ONSET AND DEATH IMMEDIATE CAUSE (6) Lobular Pneumonia, Bilateral Severa days s a bunal-tra crematian, o DUF TO Conditions, if ony, which gove (b) rise to immediate cause (o). DUE TO stoting the underlying cause PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19 WAS AUTOPSY PERFORMED? age 3 shauld be u agent, priar ta b Was in a fatal automobile accident. YES 🔀 NO 2Do EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of njury in Part or Part II of Item 18.) CAUSE OF DEATH 20c TIME OF INJURY Manth, Day, Year 2Dd INJURY OCCURRED 2De PLACE OF NJURY (Home form, (City or town) (County) (State) loctory, street, oilice bldg etc \ 5:30 pm 12-17- 19 66 of work of work Public Highway Gettysburg, Adams, Penna. Not While may be retained for your FUNERAL DIRECTOR: Page 21. I certify that I taak charge of the remains described above, held an Autapsy [52]. Inspection . Inquiry ... and in my opinion Accident . Natural causes 🛣 Homicide Undetermined manner death resulted from Suicide . CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASS STANT MEDICAL EXAMINER SIGNATURE 1-28-67 DEPUTY MEDICAL EXAMINER **EXAMINER'S** ro FUNE Health Address (Street, city, town, or county) Hagerstown. Md. NAME (Type) Dr. E. 230 BURIAL CREMATION. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specily) Pine Grove Eemetery Pembroke. Plymouth, Mass. ADDRESS 250 RECD BY REGISTRAR VR A15ME (5) FFB 6M 1/66 Waynesboro, Penna



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01406 01403 and 2 ficate be executed within 24 haurs after death by the attending physician and campletely filled in by the funeral transit permit. Then please remove carban papers. Pages 1 and crematian, ar remaval, and in any event, within 72 hours after deat PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY Washington b. COUNTY Maryland Frederick MARYLAND c. LENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate limits, c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town)
Hagerstown Frederick Rural Months d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A EARM? Rocky Springs Rd. Rt.# 7 Western Maryland Hospital NO X YES NAME OFF lorence, DATE OF DEATH (Type or pnnt) B. DATE OF BIRTH NEVER MARRIED 7. MARRIED just purtiday) Months Hours WIDOWED DIVORCED 12 CITIZEN OF WHAT COUNTRY A 10b. KIND OF BUSINESS OR Wilmington, INDUSTRY e N. Carolina 13. EATHER'S NAME 14 MOTHER'S MAIDEN NAME Armecia Flowers George W. Murrell WAS DECEASED EVER IN U.S. ARMED EORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no or unknown) (If yes give wor or dotes of service) Rt.# 7 228-09-0495D Frederick, Md. Mrs. Alex Bryant 18. CAUSE OF DEATH (Enter only one couse per fine for (a), (b), and (c)) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO ed tar use as the b tof Health priar to b stoting the underlying cause has been PART ILLOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION OFFEN IN PART 1(0) WAS AUTOPS PERFORMED? certificate O HOSPITAL OR ATTENDING PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part Lor Part Lof item 18.) ACPIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (LETTHER, NOTIEY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour o.m. Not While factory, street, office bldg, etc.) TO FUNERAL DIRECTOR: After at work of work 21. I certify that (I) (this baspital) attended the deceased from and that death accurred at 121M, from causes and on the date stated above saw the deceased alive as 22a. SIGNATURE 22b. DATE SIGNED ATTENDING STAFE director, page 3 shauld be filed v DIRECTOR PHYS. 22d. ADDRESS 22c PHYSICIANS NAME (Type) 23 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town 23a BURIAL, CREMATION Virginia Appomatox Cemetery Hopewell. 1967 B. REGISTRARS-SIGNATURE 250. REC'D BY REGISTRAR VR A15 (4) 25M 1/67 Frederick, Maryland

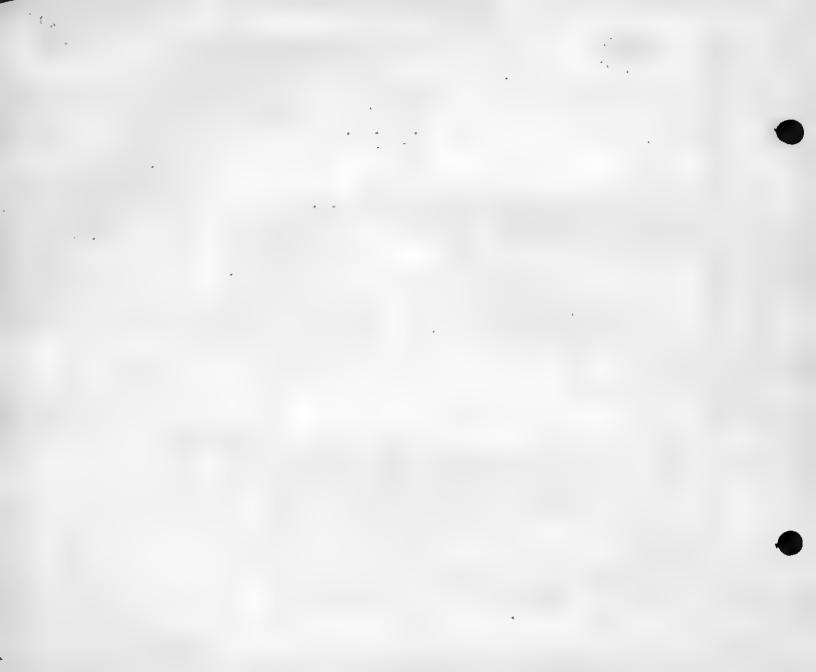
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01407 sestificate be executed within 24 hours after death. and death 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) PLACE OF DEATH and completely filled in by the funeral remove carbon papers. Pages 1 and o. COUNTY a. STATE b. COUNTY Washington Wash. MARYLAND remove carbon papers. Pages I any event, within 72 hours ofter c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 life Hagerstown Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENC ON A FARM? Dual Highway 1617 Dual Highway YES NO T 4 DATE NAME OF Middle Day Year DECEASED Edwin Guy Mogensen January 13, 19 DEATH 67 (Type or print) F UNDER 1 YEAR 5 SEX DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7 MARRIED NEVER MARRIED last birthdoy) Months Days Hours July 25,1897 male white WIDOWFD 10p USUA, OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT ni puo during most of working life, even if retired) CITY COUNTRY? purchasing agent Hagerstown, Md. gov. 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME orremoval Martin Mogensen Flora Bragunier signed by the ottendage burial-transit permit. It burial, crematian or rem Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT PHYSICIAN: The low requires that the death, (Yes, no, or unknown) (If yes give war ar dates of service) 214-09-7628A Evelyn Mogensen, Hag., Md. Mrs. V e s INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma Of Lung With Metastasis To Spine. months DUE TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO r this certificate has been si detoched for use as the b te Dept. of Health prior to b storing the underlying couse by the hospitol or ottending last. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO DO 0 20a ACC-DENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Haur o.m. factory, street, affice bldg., etc.) Nat While at wark at wark TO FUNERAL DIRECTOR: After 2) I certify that (1) (this hospital) attended the deceased from Oct. 1 19.66, to Jan 13, 19.67, that (I) (we) lost Page 4 moy be retained saw the deceased alive on Jan 3. 19 67, and that death accurred at 10:55M, from causes and an the date stated above. 22b. DATE SIGNED 22o. SIGNATURE STAFF PHYS. DIRECTOR M.D. PHYS , page be filed 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) Dr. E. W. Ditto 215 WL Washington St., Hagerstown, Md. Jr. director, should 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) 23b. DATE THEREOF (County) (State) 230. BURIAL, CREMATION, REMOVAL (Specify)
Durial Rose Hill Cemetery Hagerstown, Md. 1-16-67 2Sb. REGISTRAR'S SIGNATURE ADDRESS 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Minnich Funeral Home, Hagerstown, Md. Marlen DATE JAN

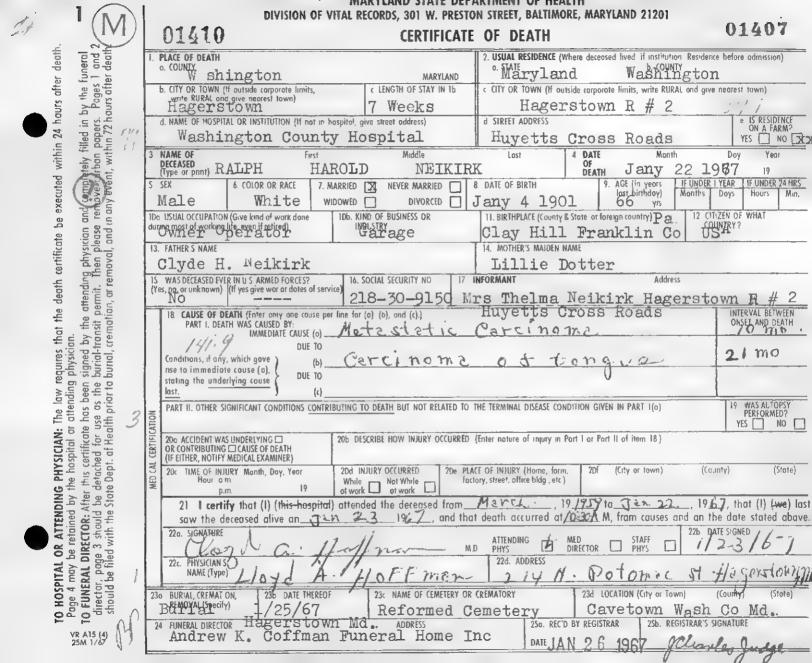


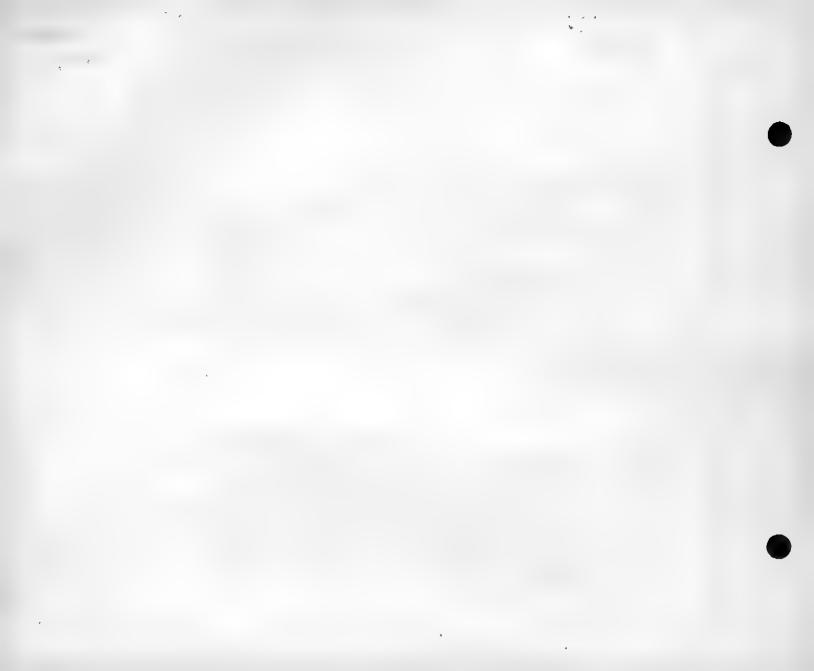
b. CITY OR TOWN (if outside corporate limits, write RURAL and glv nearest town)  HAGERSTOWN  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  C. LENGTH OF STAY IN 1b  HAGERSTOWN  C. CITY OR TOWN (if outside corporate limits, write RURAL and glv HAGERSTOWN)  A. STREET ADDRESS  C. CITY OR TOWN (if outside corporate limits, write RURAL and glv HAGERSTOWN)	5 E Defore admission) INGTON We nearest town)
a. COUNTY WASHINGTON MARYLAND D. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) HAGERSTOWN  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  a. STATE MARYLAND D. COUNTY WASH C. CITY OR TOWN (if outside corporate limits, write RURAL and give HAGERSTOWN  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS	INGTON ve nearest town)
WASHINGTON  D. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  HAGERSTOWN  D. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  MARYLAND  C. CITY OR TOWN (if outside corporate limits, write RURAL and give hearest town)  HAGERSTOWN  DAYS  D. STREET ADDRESS  D. STREET ADDRESS	ve nearest town)
HAGERSTOWN  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS	1/
HAGERSTOWN  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS	/_/
1 110	- 10 DEDIDENCE
MARTIN MANOR NURSING HOME	o. IS RESIDENCE ON A FARM?
3. NAME OF First Middle tast 1.4 DATE Month Day	YES NO A
DECEASED	
TANKET STANDER HANDERS AND THE AND THE AND THE STANDERS A	19 67 IF UNDER 24 HRS.
FEMALE LITTE WINDWED TO DIVORCED NOV E 1885 91 MONTHS Days	Hours Min.
10a, USUAL DCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR   11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN	OF WHAT
10a. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR line industry (County & State, or foreign country)   12. CITIZEN COUNTRY (COUNTRY WASHINGTON CO. MARYLAND)	U.S.A.
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
JAMES B. McCARDELL HELEN ZOOK	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 448 N. PROSPECT ST	
NO NONE MRS. MABEL HUFF HAGERSTOWN MARYLAN	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), 1	ERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Cerebral Remarkage	delys.
AND DUE TO OF TO THE STATE OF T	10 1.
Cenditions, if any, which gave rise to immediate (b) (Collected Virginia Collected)	ayene
cause (a), stating the DUE TO underlying cause last.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19.  WE DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of Item 18.)  OR CONTRIBUTING 17 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED?
TO RECONTRIBUTING 1 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)  CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	_
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f. (Gity or town) (County) Hour a.m.    While   Not While   at work   at work   at work	(State)
Hour a.m. While Not While at work at work	
	hat (I) (we) last
saw the deceased alive on 1 = 19.66, and that death occurred at 2574 M, from the causes and on the date 22a, SIGNATURE   22b, DATE SIGNATURE	
ATTENDING OF MED. STAFF STAFF STAFF	
22c, PHYSICIAN'S   22d, ADDRESS	701
NAME (Type) ROBERT F. KEADLE M.D. 580 NORTHERN AVE. HAGERSTOWN, I	MD.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	(State)
BURYAL (Specify) 1/16/1967   LUTHERAN CHURCH CEMETERT WASHINGTON CO., MARX	YLAND
24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGN	VATURE
CHARLES M. ROUZER HAGERSTOWN, MARYLAND	4



Andrew 1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND
FOR STATE	01409 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01406
HEALTH DEPT.	1. PLACE OF DEATH a. COUNTY VASHINGTON  NARYLAND  2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE MARYLAND b. COUNTYWASHINGTON
Fine cessary, the funeral 5 may be Department after death.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Write RURAL and give nearest town) HAGERSTOWN MD  C. LENGTH OF STAY IN 1b HANCOCK
3 to Page	d. NAME OF HOSPITAL OR INSTITUTION (IF not in hospital, give street address)  DR.C.L. MOWRER, EYE & NOSEHAGERSTOWN  RURAL 1  VES NO 1
any def 2, and PM3. h the Si n 72 ho	3. NAME DF FIRST Middle Last 4. DATE Month Day Year OF
eath. If a Pages 1, 2 h form P d 2 with nt within	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 3. DATE OF BIRTH  W WIDOWED DIVORCED 3.9.1889  10a. USUAL OCCUPATION (Give kind of work done) 1.0b. KIND OF BUSINESS OR 1.1b. BIRTHPLACE (State or foreign country) 1.2, CITIZEN OF WHAT
after deal 8. Give Pal long with ges 1 and any event	FARMER FARMING WASHINGTON COUNTY COUNTY COUNTRY?
them 18. There along	13. FATHER'S NAME  JOHN W MUNSON  COLUMBIA SIMMONS  15. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO. 1 17. INFORMANT  Address
l within 24 pencil in miner's O permit. Femoval, a	YES (1 (1 fyes give war or dates of service)  BEAULAH P MUNSON HANCOCK MD.
d be executed "pending" in Medical Exa burial-transit cremation, or	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) COronary occlusion  OUE TO  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  (b) arteriosclerotic heart disease  OUE TO  (c) INTERVAL BETWEEN ONSET AND DEATH  Sudden  Years
ifficate should the word to the Chief used as a used as a to burial,	PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO XI  PRIMARY OF CONTRIBUTING CAUSE WAS CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.)  CAUSE OF DEATH.
his certif writing varded to novid be nt, prior	
INER: This itificate, write forward be forward ge 3 should ge 4 section of the formatter for the forma	Hour a.m.  While Not While p.m.  p.m.  19 at work at work
EDICE Cute age 4 r your DIREC	21. I certify that I took charge of the remains described above, held an Autopsy, inspection, inquiry, and in my opinion death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner
DEPUT Base ector Cainec UNEE Healt	EXAMINER'S H. N. Weeks, M.D. Address (Street, city, town, or county) Hagerstown, Md.  23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) D.
5 5 8 8	REMOVAL (Specify) 1.6.67 MT.OLIVET RURAL HANCOCK WASHINGTON  24. FÜNERAL DIRECTOR  ADDRESS  258. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE  1 A N 9 1967
VR A15ME	Houself Francoe and DATE JAN 9 1967 & united Junes







MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01411 01408 xecuted within 24 haurs after death. funeral 1 and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY Washington b COUNTY Frederick by the attending physician and campletely filled in by the fui transit permit. Then please remave carban papers Pages 1 crematian, ar remaval, and in any event, within 72 haurs after MARYLAND c CITY OR TOWN (If autside carparate limits write RURAL and give nearest town) b. CITY OR TOWN (If outside carparate limits. C LENGTH OF STAY IN 16 write RURAL and give nearest tawn) Brunswick Hagerstown d. STREET ADDRESS e IS RESIDENCE ON A FARM? d. NAMIcOE HOSPITAL OR INSTITUTION (If not in haspital, give street address) II West'B' Western Maryland State Hospital Street NO X NAME OF Middle 4. DATE Morth Last Day Year DECEASED NELSON JAN. 2 RUTH MARY 196 (Type or print) DEATH AGF (In years IF UNDER YEAR IF LINDER 24 HRS 6 COLOR OR RACE B. DATE OF BIRTH 7 MARRIED **NEVER MARRIED** last birthday) Days Hauss FEMALE IN HITE OCT. 3 WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State or fareign country) during most of working life, even if retired) INDUSTRY Berkeley Springs. W. Va. Retired 13. FATHER S NAME 14 MOTHER'S MAIDEN NAME Mae Ganoe Irvin A. Dawson 17. INFORMANT Address IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, ar unknown) (If yes give war ar dates af service) Brunswick. Md. 16-22-1917 Harry E. Nelson no INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),
PART I DEATH WAS CAUSED BY JOBALLAR signed by the burial-transit burial, cremati PNEUMONIA, EXTENSIVE. ONSET AND DEATH LOBULAR BILATERAL IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave (b) rise to immediate cause (a), DUE TO stating the underlying cause has been see as the let the prior to the last. WAS AJTOPS' PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) for use Health CENERALIZED ARTERIOSCLERESIS, ARTERIOSCLE r this certificate h detached for use te Dept. of Health ATTENDING PHYSICIAN: 010 20g ACC DENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part it of item 18) VASCULAR OR CONTRIBUTING CAUSE OF DEATH DISEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, farm (City or town) (State) 20d INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year Hour 'a.m. factory, street, affice bldg., etc.) Not While at work at work **DIRECTOR:** After 21. 1 certify that (1) (this hospital) attended the deceased from 196 / that (1) (we) las be retained director, page 3 shauld shauld be filed with the 1967, and that death accurred at 35 40 PM, from causes and an the date stated above saw the deceased alive an. 22a, SIGNATURE DATE SIGNED, ATTENDING DIRECTOR PHYS 22d ADDRESS WESTERN M.D. STATE NAME (Type) FRANCISCO O HOSPITAL TO FUNERAL HAGERSTOWN 23o. BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d, ¿OCATION (City or Town) REMOVAL (Specify) Knoxville Cemetery Knox Knoxville myswick, 2Sb. REGISTRAR'S SIGNATURE Mismely 1967



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01412 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission) · Washington Maryland Washington and campletely filled in by the fur remove carban papers. Pages 1 in any event, within 72 haurs after MARYLAND b. CITY OR TOWN (If autside corporate limits, c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
Hagerstown C LENGTH OF STAY IN 16 write RLRAL and give nearest town)
Hagerstown Years d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e IS RESIDENCE ON A FARM? 57 West Washington St West Washington St NOSES NAME OF k an and campletely f First Middle Lost 4. DATE Doy Year DECEASED OF DEATH Jany 20 ALBERT 1967 CLAYTON NIGH (Type or print) 5 SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED XX **NEVER MARRIED** birthdoy) Male White July 4 1875 WIDOWED DIVORCED 160 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) Retired COUNTRY? Leitersburg Wash Co 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME burial, crematian, or remavai Mary Jane Beaver David F. Nigh 17 INFORMANT 15 WAS DECEASED EVER IN L. S. ARMED FORCE S? 16 SOCIAL SECURITY NO. Address permit. (Yes, no or unknown) (If yes give wor or dotes of service) Mrs Ethel Nigh 57 W. Washington St Hagerstown Md. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH Instant PART I. DEATH WAS CAUSED BY IMMEDIATE (AUSE (o) Coronary occlusion Conditions, if ony, which gove Indefinite (b) Arteriosclerotic heart disease rise to immediate couse (a), DUE TO stoting the underlying couse the State Dept. of Health prior to PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/61 19 WAS ALTOPSY PERFORMED? this certificate to detached far us NO 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of I'em 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Not While foctory, street, office bldg., etc.) Hour o.m. of work 21. I certify that (1) (this haspital) attended the deceased from Jan. 18, 1967, to Jan. 20, 1907, that (1) (we) last saw the deceased give an Jan. 18, 1967, and that death accurred at 500. M, from causes and an the date stated above at work director, page 3 shauld should be filed with the O FUNERAL DIRECTOR: 22o, SIGNATURE 22b DATE SIGNED 1/23/67 DIRECTOR | M.D PHYS 22d ADDRESS 148 West Washington Street 22c. PHYSICIAN S Kneisley, M.D. NAME (Type) B. Hagerstown Md. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 SURIAL, CREMATION 23b DATE THEREOI (County) (Stote) ry Hagerstow n Wash Co Md 250. RECD BY REGISTRAR | 25b. REGISTRAR S SIGNATURE Rose Hill Cemetery uneral Home Inc agers to wa



MARYLAND STATE DEPARTMENT OF HEALTH



1/65

VR #15

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
01414
CERTIFICATE OF DEATH

8.	VAXA,						
1	1. PLACE OF DEATH a. COUNTY To close to come	COUNTY 13					
	Washington , Washington	MARYLAND	a. STATE Mar	yland b. county W	ashington		
	b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If out	tside corporate limits, write RURA	L and give nearest town)		
1	write RURAL and give nearest town)	3 years	770		211		
ŀ	d. NAME OF HOSPITAL OR INSTITUTION (if not in ho		Hagers'	DOWN.	e. IS RESIDENCE		
ما	420 S. Potomac Stre			tamaa Otaaaa	ON A FARM?		
4					YES NO X		
-1	3. NAME DF FIRST DECEASED	Middle		. DATE Month	Oay Year		
	(Type or print) FLora		enberger	DEATH Jan.	11 19 67		
1	5. SEX 6. COLOR OR RACE 7. MARRIEO	NEVER MARRIEO   8	B. OATE OF BIRTH	9. AGE (In years IFUNOE last birthday) Months			
- [	Female White WIOQWEO	DIVORCEO I	Dec. 23 188	3.5.	18		
ľ	10a. USUAL OCCUPATION (Give kind of work done   10b. Kil during most of working life, even if retired)   IN	IND OF BUSINESS OR	11. BIRTHPLACE (Count	ty & State, or foreign country)   12.	CITIZEN OF WHAT		
-1		ome	Maryla		S. A		
ŀ	13. FATHER'S NAME	THO.	14. MOTHER'S MAIDEN		944		
1	Edward Kipe		Katheri	ne Kipe			
		SOCIAL SECURITY NO.   17.	INFORMANT 402	_	mana taum		
-	(Yes, no, or unkown) [(If yes give war or dates of service)]		Teanand H	Poffenberger	N- serel		
			· reomand u	. Folleliger			
1	18. CAUSE OF OEATH [Enter only one cause per il		no due to me		ONSET AND OEATH		
4	IMMEDIATE CAUSE (a)	A Z A MMEDIATE GAUSE (8)					
1	4 d d d DUE TO G				mined.		
-	Conditions, it any, which	ility					
-1	gave rise to immediate cause (a), stating the DUE TO						
1	underlying cause last. (c)						
ار	PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT RELA	TED TO THE TERMINAL OISE	ASE CONDITION GIVEN IN PART 1(a	) 19. WAS AUTOPSY PERFORMEO?		
4	CAT				YES NO IN		
	PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBU	ESCRIBE HOW INJURY OCCU	RRED. (Enter nature of In	jury in Part I or Part II of item 1	8.)		
- 1	20a. ACCIOENT WAS UNDERLYING   20b. D OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
ı		NJURY OCCURRED   20e, PLAG	CE OF INJURY (Home, farm,	20f. (City or town) (Co	ounty) (State)		
-	ZOC. TIME OF INJURY Month, Day, Year 20d. IN Hour a.m. White p.m. 19 at work	Not While	ry, street, office bldg., etc.)	201. (615) 61 (6111)	ouncy) (access)		
١	p.m. 19 at work	L at work L	6	100	6'7		
	21. 1 certify that (!) (this hospital) attende	en ine oeceaseo irom	νου. δ , <sub>19</sub> 6	to Jan. 11 19	b7, that (I) (we) last		
	saw the deceased hive on Jane	19 <u>67</u> , and that	death occurred at 10	TR from the causes and on	the date stated above.		
1 22h OATS							
	WILLIAM SECT	nach i M.D	, PHYS. (A) OIR	COLOW (T. LILLS, T.)	in. 12,1967		
,	NAME OVER I MOI ton I	W 5	22d. ADORESS He	agerstown, Mary	land		
	NAME TYPE J. Walter La	lyman, M. D.,	100 Profe	ssional Arts Blo	ag.,		
232. BURIAL CREMATION, 236. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or county)							
^	23a. BURIAL, GREMATION, 23b. DATE THEREOF REMOVAL (Specify) Jan. 14-67	Mt. View Ce	metery	Sharpsburg Ma	rvland		
)	24. FUNERAL DIRECTOR	AODRESS	25a. REC'D	BY REGISTRAR   25b. REGISTRA	R'S SIGNATURE		
	Albert L. Lewf Willi	amsport Md.	DATE JA	N 16 1967 Jan	wee Judge		



MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01413 01416 CERTIFICATE OF DEATH risician and completely filled in by the funeral please remove carban papers. Pages 1 and 2 , and in any event, within 72 haurs after death. law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY b COUNTY Washington Marvland Washington MARYLAND b CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL ond g ve neorest town)
Hagerstown Hagerstown 1 week d STREET ADDRESS IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 1124 Hamilton Blvd. Washington County Hospital YES 🔲 NO [ NAME OF Eirst Middle DATE Month Lost Doy DECEASED Jan 67 JA COB ROHRER JR. HOWARD (Type or pnnt) DEATH 19 IF JNDER 1 YEAR 7 MARRIED -9 AGE (In years IF UNDER 24 HRS S SEX 6 COLOR OR RACE NEVER MARRIED B. DATE OF BIRTH 50st birthdoy) Doys Hours June 10,1910 white male WIDOWED DIVORCED 10g USUAL OCCUPATION (Give kind of work done TOP KIND OF BUSINESS OR 13 RIRTHPLACE (County & State or fore an country) 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Hagerstown, insurance 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Lula Stoner Howard J. Rohrer, Sr. 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give wor or doles of service) permiñ Ian. ar Hagerstown, Md. Marie Myers Rohrer 705-10-7512 vess INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), burial-transit ONSET AND DEATH PART I DEATH WAS CAUSED BY SIPARD ONN IMMEDIATE CAUSE (o) signed by physician. DUE TO Conditions, if only, which gove rombosis rise to immediate couse (a). **DUE TO** stoting the underlying couse as the priar to l be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been Heefel WAS AUTOPSY PERFORMED? 19 PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) Health YES W NO 草 205, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18) 200 ACCIDENT WAS JNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Dov. Year factory, street, office bldg., etc.) Hour a.m. Not White of work shauld be 21. I certify that (1) (this-hospital) attended the deceased fram to Jan 2 1962, that (I) (we) last 1967, and that death accurred at 5730 M, fram causes and an the date stated above. saw the deceased alive an Tan 2 22b. DATE SIGNED 220 SIGNATURE STAFF 704.4 M.D. DIRECTOR PHYS r, page 3 be filed 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) directar, shauld be 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b DATE THEREOI (Stote) 23o, BURIAL, CREMATION (County) Arlington National Cem Fort Myers. BENOV' (Spreiv) 1-6-67 ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (E) DATEAN 1967 Minnich Funeral Home Hagerstown, Md. 20 M 1/66



10		1 (1)	11	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND			
, , _		= N =	1		01417 CERTIFICATE OF DEATH	01414	
	hours after death.	funeral and 2 r deathy		1.	PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived, If ins a COUNTY b.		
	ter				WASHINGTON MARYLAND MARYLAND	WASHINGTON	
	s af	in by the f Pages 1 hours after			D. GITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	ta RURAL and give nearest town)	
	hour	S. in			HAGERSTOWN  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS	e. IS RESIDENCE	
	24	completely filled in by ve carbon papers. Pag event, within 72 hours	2.	1	THE COLUMN THE STATE OF THE COLUMN THE COLUM	9. IS RESIDENCE ON A FARM? YES NO [7]	
	Ë	on p	3.9	3.	NAME OF First Middle Last   4. DAYE Month		
	*	completely ve carbon event, with			DECEASED (Type or print) LEONORA S ROUZER DEATH JANUAR	Y 23 19 67	
	executed within	COTT Ve		5.	SEX 6. COLOR OR RACE 7, MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years)	IF UNDER 1 YEAR IF UNDER 24 HRS. Months   Days   Hours   Min.	
	Sxec	ysician and colleges remove		4.0	FEMALE   WHITE   WIDOWED   6/7/1885   81 yrs.		
				dur	2. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country industry)	COUNTRY?	
	ate	physician reglesse		13.	RECEPTIONIST   FUNERAL HOME   WASHINGTON COUNTY MD.	U.S.A.	
	tifica	45			CHARLES MARTIN SUTER LAURA VIRGINIA WITZENBA	Auro	
	Çe	ren T		15	. WAS DECEASED EVER IN U.S. ARMED FORCES?   16, SOCIAL SECURITY NO.   17, INFORMANT		
	eath	has been signed by the attending as the burial-transit permit. The prior to burial, cremation, or remove		(TE		OWN MARYLAND	
	e e	the ratio			18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH	
	計	d by rans			PART I. DEATH WAS CAUSED BY: HIPET TENSIVE PERSIO VESCULEY	6410.	
	tha	gne iai-ti			DUE TO 19163	640	
	lires	bur bur			conditions, if any, which are rise to immediate (b) Artario Scler Oslu - Danaral-	64.67	
	requ	bee the			cause (a), stating the DUE TO		
	law Her	has e as pri	<i>p</i> e.	NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIDUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED?	
	The	ifficate h for use	1	ICAT		YES NO 7	
	OR ATTENDING PHYSICIAN: The law requires that the death certificate be	rage 4 and be retained by the nospitation of a FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for use should be filed with the State Dept. of Health		CERTIFICATION	20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Contributing [] CAUSE OF DEATH	f Item 18.)	
	Sici	s ce ache ept.			OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
	돌	音音音		MEDICAL	20c. TIME OF INJURY Month, Day, Year   2Dd. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm,   20f. (City or town)   Hour a.m.   While   Not While   factory, street, office bldg., etc.)	(County) (State)	
	S S	Star Star		ME	p.m. 19   at work		
	EN S	OR:			21. I certify that (I) (this hospital) attended the deceased from MC, 1960, to 12 h 23 saw the deceased alive on 12 h 3 h, and that death occurred at 22 AM, from the causes	and on the date stated above	
	A	¥ it a			22a. SIGNATURE	22b. DATE SIGNED	
	문 2	Egg Bigg			( ) W Ca Lfolly N.D. ATTENDING MED. STAFF PHYS.	1/24/67	
	Z S	R P			22c. PHYSICIAM'S NAME (TYP) LLOYD A HOFFMAN M.D. 22d. ADDRESS 214 N POTOMAC ST HAGERS'	BOLDI MADVI AND	
	HOS	ecte de la	ľ	232			
	TO HOSPITAL O	5 <del>6</del> 출생		200	REMOVAL (Specify) BURIAL 1/26/67 ROSE HILL CEMETERY HAGERSTOWN	MARYLAND (State)	
			P	24	EUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. RI	EGISTRAR'S SIGNATURE	
		A15 (4)	13	1	Harles on Kougar HAGERSTOWN MARYLAND DATE JAN 27 1967	Minter Judge.	
	20/	M 1/65	1			0 0	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01418 01415 completely filled in by the funeral ove corbon papers. Pages 1 and 2 v event, within 72 hours after death executed within 24 hours after death 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, it institution. Residence before admission) o. COUNTY Washington o. STATE Maryland b. COUNTY Washington MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 Min. Hagerstöwn Funkstown e IS RESIDENCE ON A FARM? d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS Washington County Hospital 211 N. Antietam St YES NOTE 3 NAME OF Maddle 4 DATE First Month Year DECEASED OF DEATH January 14, Charles Scuffing Edward (Type or print) 9. AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS S SEX B. DATE OF BIRTH 6 COLOR OR RACE 7 MARRIED NEVER MARRIED ost birthday) Months Doys 13 Hours WIDOWED DIVORCED June 1, 1912 Male White 12 CFTIZEN OF WHAT 10o JSBAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? during mast of warking life, even if retired) INDUSTRY Rural Boonsboro . Md . The law requires that the death certificate, Sheriff's Dept. Deputy 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas S. Scuffins Nettie Showe 17 INFORMANT Addresunkstown, Md. IS. WAS DECEASED EVER IN J.S ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, no or unknown) (If yes give wor or dates of service) 214-16-1701 Mrs. Geraldine Scuffins, 211 N. Antietam St 18. CAUSE OF DEATH (Enter any one cause per line for (a), (b), and (c)) INTERVAL BETWEEN transit PART I. DEATH WAS CAUSED BY: andiac Hrrest signed by t bursol trans bursal, crem IMMEDIATE CAUSE (o) DUE TO 42-5 Canditions, if any, which gave rise to immediate cause (a), DUE TO tor use as the l f Health prior to b stating the underlying couse this certificate hos been WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO X 200 ACC DENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, form, (City or town) (State) 20c. TIME OF INJURY Manth, Doy, Year 20d INJURY OCCURRED (County) Hour o.m. Not While foctory, street, office bidg., etc.) at work L TO IUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased fram Jan 14, 1967, to 324 14, 1967, that (1) (we) last Page 4 moy be retained 1967, and that death accurred at 105 M, fram causes and an the date stated above. saw the deceased alive an Jan 14 22b DATE SIGNED 22a-SIGNATURE MED. STAFF DIRECTOR PHYS 1-16-67 M.D. 22d. ADDRESS 217 W. Washington Street 22c. PHYSICIAN'S director, po should be f Hagerstown, Maryland Edward W. Ditto. III. M.D. 23c NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (State) 23o. BURIAL, CREMATION, REMOVAL (Specify) 1- 17- 67 Boonsboro Cemetery Boonsboro, Md. 25b. REGISTRAR'S SIGNATURE 2SO REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Charles VR A15 (4) John H. Bast, Jr. 112 N. Main St. Boonsboro Md. DATE 20 M 1/66



1	MARYI DIVISION OF STATISTICAL RESEAR	AND STATE DEPARTMENT OF		ΜΑΡΥΙ ΑΝΏ
E 600	01419	CERTIFICATE OF DEAT		1416
furrer and and dear	PLACE OF DEATH a. COUNTY WASHINGTON	a. STATE MA	NCE (Where deceased lived, 11 institution: R RYLAND b. COUNTY WAS	esidence before admission) SHINGTON
		MAKTLANU	(If outside corporate limits, write RURAL	
	HAGERSTOWN 2	WKS. HANCOCK		21-1
bon papers, within 72 h	d. NAME OF HOSPITAL OR INSTITUTION (If not in hos			e. IS RESIDENCE ON A FARM?
ove carbon pa event, within	WASHINGTON COUNTY HOSPI	TAL    109 FRA	NKLIN ST.	Pay Year
event, wi		LEANOR SEVILLE	OF JAN.	25 19 67
	. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8. DATE OF BIRTH	9. ACE (In years IF UNDER	
an	F W WIDOWEDY 202. USUAL OCCUPATION (Give kind of work done) 10b. Kin		92 74 yrs.	ITIZEN OF WHAT
	uring most of working life, even if retired) IND	USTRY	COUNTY PENNA. U	S.A.
	3. FATHER'S NAME	14. MOTHER'S MA		
	CALVIN S PECK	MARY E	HIXON	
1	Vet no or unknown) [/If we trive war or dates of service) [	CIAL SECURITY NO. 17. INFORMANT	, , , , ,	NCOCK MD.
	NO 213	10.5654   MRS ANNA F	INNEY 109 FRANKL	
burial, cremation,	18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:			ONSET AND DEATH
	IMMEDIATE CAUSE (a) 4 CVL	to my ocardial info		(5 min-
	Conditions, If any, which ) DUE TO Gast	wrotchrotic Strong 7.	Zis Ear E	Muchen ours
	gave rise to immediate cause (a), stating the DUE TO	ia Gets mullitus		ZO ? XEL
	underlying cause last. ) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTE		I DISCASE CONDITION CIVEN IN PART 1/a)	119. WAS AUTOPSY
	THE STORY TOAK TOAK TOAK TOAK TOAK TOAK TOAK TOAK	HOTO DEATH BUT HOT KEENIED TO THE TERMINA		PERFORMED?
~*	20a. ACCIDENT WAS UNDERLYING 1 20b. DE DE CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED. (Enter nature	of Injury in Part I or Part II of Item 18	
		URY DCCURRED 20e. PLACE OF INJURY (Home, factory, street, office bidg.		unty) (State)
	20c. TIME OF INJURY Month, Day, Year   20d. INJ Hour a.m. While p.m. 19 at work	Not While at work	, 414,	
	21. I certify that (I) (this hospital) attended			工, that (1) (we) last
	saw the deceased alive on	Z-519.67, and that death occurred a	M, from the causes and on t	he date stated above
אונסחום חב זוובח ש	19 11-11	M.D. ATTENDING	MED STAFF	-26-67
,	ODe BUVE IOLANIC	ker, M.D. 22d. ADDRESS	154 West Washingto	on St.,
- [	32. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR GRAMMATORY	Hagerstown Md	unty) (State)
	3a. BURIAL, CREMATION, 23b. DATE THEREOF BURIAL (Specify) 1.27.67	PRESBYTERIAN	HANGOCK WASHI	
	24. FUNERAL DIRECTOR		REC'D BY RECISTRAR 25b. REGISTRAR	'S SICNATURE
1	Howard & Stone	Hornor Go mal DATE	FEB 1 1967 Miles	- Jon male
10		The second secon	<del></del>	17

1		EPARTMENT OF HEALTH STON STREET, BALTIMORE, MARYLAND 21201	
~ .	01420 CERTIFICA	ATE OF DEATH	01417
The law requires that the death certificate be executed within 24 hours after death ottending physician has been signed by the ottending physician and completely filled in by the funeral se as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 th prior to burial, cremation, or removed.	PLACE OF DEATH  O. COUNTY Washington MARYLAN	2. USUAL RESIDENCE (Where deceased lived, if institution R o STATE Maryland b. COUNTY	Residence before admission) Washington
if the deoth certificate be executed within 24 hours ofter the ottending physicion and completely filled in by the fursist permit. Then please remove corbon popers. Pages 1, mation, arrended to and in any event, within 72 hours after	b CITY DR TDWN (f autside carparate limits, write RURAL and give negrest tawn) Hagers town 2 Hr.	c CITY DR TDWN (If outside carparate limits, write RURAL of Hagerstown,	nd give nearest tawn)
n 24 ho lilled in popers in 72 ho	d NAME OF HOSPITAL OR INSTITUTION (He not in hospital, give street address) Washington Jounty Hospital	d street address 321 South Potomac Str	eet   B IS RESIDENCE ON A FARM? YES   NO 3
d within tetely fi	3 NAME OF First Middle OECEASED (Type or pnnt) Philip Wendell	lost 4 DATE Month OF Januar	
execute d comp move c	S SEX 6 COLDR DR RACE 7 MARRIED NEVER MARRIED Male White WIDOWED DIVORCED	July 21,1904 62 vrs. Ma	UNDER I YEAR   IF UNDER 24 HRS. Inths Days Hours Min
ite be c tion an ease re ond in c	100 USUAL OCCUPATION (Give kind of work done during most of working .ite, even if retired)  105 KIND OF BUSINESS OR OPTICAL Frame	es Camdem N.J.	GOUNTRY?
certifico physic frem pla	13. FATHER'S NAME Albert Shinn	Susie Beall	
deoth ttendin rmit. n, or re	15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Ves. go., ar Juknown) (Iff yes give war of dates of service) 551–18–7864	Mrs. Gloria McElroy Hag	S.Mont Vallerstown, Md.
equires that the dear physicion signed by the ottenc burial, cremation, ar	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 170 CARCO IA	Para de	INTERVAL BETWEEN ONSET AND DEATH
equires that the physicion signed by the burial-transit burial, cremat	Canditians, if any, which gave ) (b) ATHEROSCIENCE (ise to immediate cause (o), )	The Garaymey ARRENT DISEASE	2
The law red offending p has been si se os the bin h prior to bu	stating the underlying cause   DUE TO		
to the low or other or other or other or other or or or of the prior o	PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED  THE PROPERTY OF TH	\$6.	19 WAS AUTOPSY PERFORMED? YES NO
	20b DESCRIBE HDW INJURY OCCUR OR CONTRIBUTING CAUSE OF DEATH IT FITTER NOTIFY MEDICAL SYMMERS)	RED (Enter nature of injury in Part I or Part II of item IB)	
NING PHYSICIAL by the hospitol ffer this certifice be detached for state Dept. of H	Hour a.m 19 While at work at wark	PLACE OF INJURY (Home, farm, factory, street, affice bldg., etc.)  20f (Crty or town)	(County) (State)
ATTENDING storned by th CTOR: After i should be d ith the State	21 I certify that (I) (this haspital) attended the deceased from saw the deceased alive on 6 3 20 1967, and	that death accurred of 12.2 A.M., from causes and	
OR ATTENION DE reformed DE reformed DIRECTOR: #	220_SIGNATURE	M D PHYS. PHYS DIRECTOR PHYS C	PAN. 67
O HOSPITAL OR ATTENI Page 4 may be retained O FUNERAL DIRECTOR: A director, page 3 should should be filed with the	22c. PHYSICIAN'S NAME (Type) W. M. FEHDER	22d. ADDRESS 218 N. Porcourse ST. Hace Grown	
TO HO Page To FUN direct shoul	236 BURIAL (REMATION, BENEVAL (Specify) 236 ATE THEREOF 236 NAME OF CEMETER Cedar La	wn Mem Gardens Hagerstown	(Caunty) (State)  Wash Co Md
VR A15 (4) 17	Andrew K. Coffman Funeral Home In	c. 250. REC'D BY REGISTRAR 250. REG STR	RARS SIGNATURE



1	Division of STATISTICAL RES	MARYLAND STATE DEI SEARCH AND RECORDS, 301	PARTMENT OF HEALTH W. PRESTON STREET, BALTIN	IORE, MARYLAND 21201
	01421	CERTIFICATE	OF DEATH	01418
hours after death in by the funeral rs. Pages 1 and 2 thours after death	I PLACE OF DEATH  o. (OUNTY Washington  b. CITY OR TOWN (If outside corporate limits, write RuRA ond give neorest town)  Rural Boonsboro	MARYLAND  C. LENGTH OF STAY IN 16	o. STATE Maryland c. CITY OR TOWN (If autside corparate	lived, if institution. Residence before admission) b. (OUNTY Washington limits, write RURAL and give nearest town)
24 hour ed in by apers. F	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital		Mauganeville d street Address	e. IS RESIDENCE ON A FARM?
executed within 24 hours and campletely filled in by the service carbon papers. Pagent, within 72 hours	Fahrney- Keedy Memori  3. NAME OF First DECEASED (Type or prent) Leah Kath	Middle Slin	Lost 4. DATE OF DEATH	Month Doy Year  January 25, 19 67
ond cample complete control on any ever	S SEX 6 COLOR OR RACE 7. MARRIE Female White Widowe	D DIVORCED	March 6,1876	AGE (In years lost berthday) 90 yrs 10 19 Hours Min.
sician or	10b. USUAL OCC. PATION (Give kind of work done during most of working life, even if retired) F10U.Selcepeper	kind of Business or INDUSTRY Own Home	11 BIRTHPLACE (County & Stote, or fore Sharpsburg, Md.	COUNTRY?
h certifu ing phy Then emoval	Martin Slifer	6 SOCIAL SECURITY NO. 17. II	Clara Shafer	Address bs 1 4
he death aftend permit. fran, or r	(Yes no, or Jinknown) (If yes give wor or dates of service)  18 CAUSE OF DEATH (Enter only one couse per line,	20-52-2115 Fal		Address Maryland al Records, Boonsboro,
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within be retained by the haspital or attending physician.  NIRECTOR: After this certificate has been signed by the attending physician and campletely fill e 3 should be detached for use as the burial-transit permit. Then please semaye carbon ped with the State Dept. af Health priar to burial, crematian, or removal, and in any eigent, within	PART I DEATH WAS CAUSED BY:    A	denosderele ractive of	ught fen	row I week
SICIAN: The law respiral or attending printing to strict the bas been sed for use as the bear of Health prior to the base of t	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH  (FETTHER MOTIES MEDICAL EXAMINED)			YES NO
G PHYSICIAI the haspital this certifica detached fai te Dept. af He	20o. ACCIDENT WAS UNDERLYING ☐ 20b. OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Year 20d		Enter nature of injury in Port I or Port  E OF INJURY (Home, form, 20f.	(City or town) (County) (State)
DING PHYSI I by the hasy After this cer be detached State Dept.	문 Hour o m. Wh	tile Not While factor	ry, street, office bldg., etc.)	9an : 1967, that (I) (we) las
D HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital ar o FUNERAL DIRECTOR: After this certificate director, page 3 should be detached far u shauld be filed with the State Dept. af Healt	saw the deceased alive an 220. SIGNATURE	1967, and that	death accurred at 10 MM,	from causes and an the date stated abave
. — 🖼 చా≕	22c. PHYSICIAN'S NAME (Type) G-W-Le	Van	22d. ADDRESS	oro, md
TO HOSPITAL Page 4 may TO FUNERAL director, pag shauld be fil	230. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 1 1- 27- 67	23c. NAME OF CEMETERY OR C Manor Cemete ADDRESS		ATION (City or Town) (County) (Stote)  Thmanton, Md  RC7 2Sb REGISTRARS SIGNATURE
VR A15 (4) 20 M 1/66	John H. Bast, Jr. 112 N.		1 230 331 1	36/ Control of the second



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01422 PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. death puo PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY Shington " Waryl and Washington umpletely filled in by the fur ve carbon papers. Pages I event, within 72 hours after MARYLAND c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside carparate limits, c. LENGTH OF STAY IN 15 WITI and give negrest town Week Haherstown d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (II not in hospital, give street address) e IS RESIDENCE ON A FARM? 248 Prospect Ave Williamsport Sanitarium YES NO IX Middle 4 DATE First Last Dov Year DECEASED SPIGLERJr CHARLES BRUMBAUGH 1967 DEATH Januaty (Type or print) 9. AGE (In years IF UNDER 24 HRS SEX 6 COLOR OR RACE White DATE OF BIRTH IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED remove Male b rthday) Months Hours 1888 6 Dec WIDOWEDX DIVORCED and in any pup 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT during most of working are even if retired) INDUSTRY red Hagerstown Wash Co 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, ar remaval, Charles B. Spigler Anna A. Dunahugh 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes no ar unknown) (If yes give war ar dates of service Thomas A. Spigler 961 Mulberry Ave 214-09-0382 Hagerstown Md. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit IMMEDIATE CAUSE (a) by the haspital ar attending physician. DUE TO Canditians, if any, which gave rise to immediate cause (o), DUE TO stating the underlying cause the State Dept. af Health priar ta last SB PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY has PERFORMED? end NO certificate ā 20b DESCRIBE-HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm (City or town) (County) (State) Hour a.m. factory, street, affice bldg., elc.) Not While JOHUNDE 21. I certify that (1) this haspital) attended the deceased from 24 Page 4 may be retained Bu 24 1967, and that death occurred at 1500 M, from causes and FUNERAL DIRECTOR: saw the deceased alive onon the date stated above 22g SIGNATURE 22b DATE SIGNED M.D DIRECTOR PHY5 PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) 23g. BURIAL, CREMATION (County) BIREMOWAL (Specify) /28/67 Rose Hill Cemetery Hagerstown Wash Co 0 Hagerstown Md. ADDRESS Coffman Funeral Home 25b REGISTRAR S SIGNATURE 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4)



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE. MARYLAND 21201 01423 CERTIFICATE OF DEATH physician and campletely filted in by the funeral en please remave carban papers. Pages 1 and 2 death. PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived if institution Residence before admission) PLACE OF DEATH Washington e. STATE Maryland Washington affer.4 MARYLAND c LENGTH OF STAY IN 16 b CITY OR TOWN (if outside corporate imits, c CITY OR TOWN (If gutside carporate limits, write RURAL and give nearest tawn) write RJRAL and give nearest town)
Hagerstown emave carban papers. Pag any event, within 72 haurs Dave Rohrersville d. STREET ADDRESS IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Washington County Hospital YES TO NO Middle NAME OF 4 DATE Month Year Last Doy DECEASED OF DEATH Steele 3, Ella Myra January 19 (Type or print) IF JNDER 1 YEAR | IF UNDER 24 HRS 9 AGE (In years S SEX 6 COLOR OR RACE NEVER MARRIED 8 DATE OF BIRTH 7 MARRIED last birthdov) Manths Days Hours May 4, 1885 WIDOWED DIVORCED Female. White 11 BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT 10a USUA, OCCUPATION (Give kind of work dane TOB, KIND OF BUSINESS OR **COUNTRY?** during most of working life, even if refired) INDUSTRY U. S. Locust Grove, Md. Own Home 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Albert Grimm Sarah Smith IS. WAS DECEASED EVER IN J.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, ar unknown) (If yes give war or dates of service) Mr. Axel W. Steele, Rohrersville, Md. No. None INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for,(o), (b), and (c)) burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed by Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause as the TO FUNERAL DIRECTOR: After this certificate has been WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) PERFORMED? NO be retained by the haspital or for 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) (Caunty) (State) 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED factory, street, affice bldg., etc.) Nat While at work at work 1957 to 1-3-21. I certify that (!) (this haspital) attended the deceased fram-9.10-1967, that (1) (we) last 1967, and that death accurred at 43% M, from causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 22a. SIGNATURE MED DIRECTOR 1-3-M.D. irector, page hauld be filed 22d. ADDRESS 22c PHYSICIAN'S BOONSROPOHO SECUNDARI NAME (Type) shauld 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 23g BURIAL CREMATION 23b. DATE THEREOF REMOVAL (Specify) 1- 5- 67 Mt. Zion Cemetery Locust Grove, Wash. Co., Md 2Sb. REGISTRAR'S SIGNATURE 2Sq. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Wharley John H. Bast, Jr. 112 N. Main St. Boonsboro, Md. DATE JAN

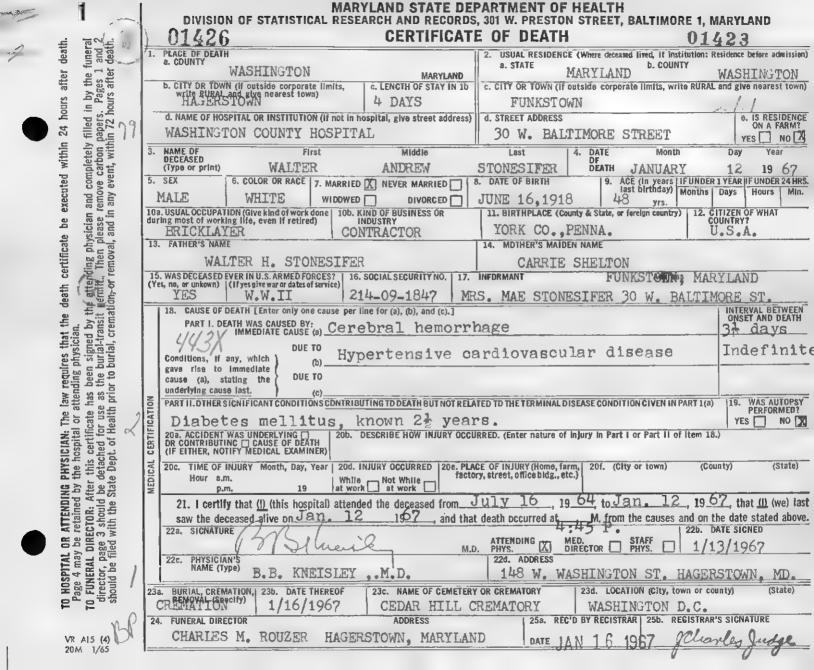
MARYLAND STATE DEPARTMENT OF HEALTH

7 J W



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death. and PLACE OF DEATH a. CDUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) WASHINGTON b. COUNTY MARYLAND WASHINGTON MARYLAND b. CITY DR TOWN (if outside corporate limits, c. CITY OR TDWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write AURAL and give marest town) YRS. LE ITERSBURG d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?\_ GARLOCK MEM. CONV. HOSPITAL RT.#5 HAGERSTOWN No X The law requires that the death certificate be executed within NAME OF DECEASED First Middle Last DATE Month Day DF DEATH MARY ELIZABETH STONER **JANUARY** 1967 (Type or print) 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 8. DATE OF BIRTH AGE (In years LIF UNDER 1 YEAR UF UNDER 24 HRS last birthday) Months | Days FEMALE WIDOWED X DIVORCED [ 1Da USUAL OCCUPATION (Give kind of workdone) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fereign country) 12. CITIZEN DF WHAT during most of working life, even if retired) MARYLAND 13. FATHER'S NAME 14. MDTHER'S MAIDEN NAME JOHN SCHELLING BARBARA COOPER Addresa CHERSILOWN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO, 1 17. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) MRS. 173-03-0786F2 MD . MAYME STONER been signed transit ps the burial, cremati INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Arteriosclerotic heart disease with con-1 O. vr DUE TO gestive failure Conditions, If any, which gave rise to Immediate DUE TO cause (a), stating the underlying cause last. 88 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? Cerebral arteriosclerosis ND 2 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While While p.m. at work at work from 19 50 to Jan. 15, 19 67, that (1) (we) last and that death occurred at 2A. M, from the causes and on the date stated above. 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PC 1/16/67 director, page should be filed DIRECTOR 148 FUNERAL PHYSICIAN'S 22d. ADDRESS Washington West Kneisley, M.D. NAME (Type) Hagerstown. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. REMOVAL (Specify)
BUR IA L WAYNESBORO, PENNA. 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 20M 1/65

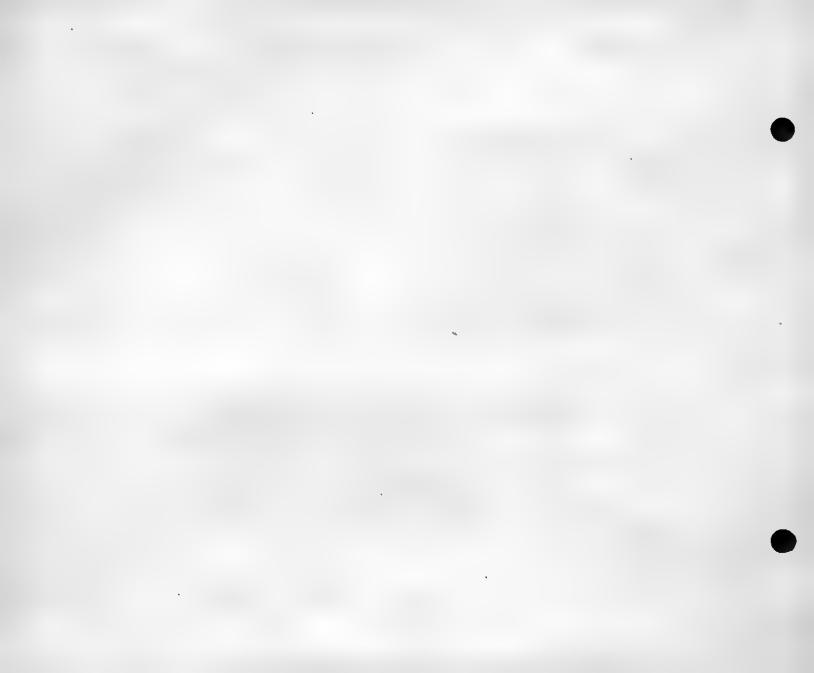






Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01427 CERTIFICATE OF DEATH be executed within 24 hours after death. and PLACE OF DEATH campletely filled in by the funeral nove carban papers. Pages 1 and 1y event, within 72 hours after deat 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. COUNTY g. STATE b. COUNTY MARYLAND ArylANd Washington b. CITY OR TOWN (H) gutside carparate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN 718 autside carparate limits, write RURAL and give negrest town) write RURAL and give nearest town) Erstowal 1445 1201 10 days d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give sfreet address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? Sunitarium Preston YES NO 3 remove carban 3 NAME OF Middle 4 DATE Month Day DECEASED OF DEATH anuary (Type or print) 19 Tou SEX 6 COLOR OR RACE DATE OF BIRTH AGE (In/years IF UNDER 1 YEAR IF UNDER 24 HRS. 7 MARRIED NEVER MARRIED last pirthday) Menths Days Hours in any WIDOWED DIVORCED 18 temale and 10g. USUAL OCCUPATION (Give kind of work done 106. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY and requires that the death certificate 13 EATHER'S NAME 14. MOTHER'S MAIDEN NAME remayal Winderson obert 15 WAS DECEASED EVER IN U.S. ARMED FOR CEST 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, ar unknown) (If yes give war or dates of service) Б crematian, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I DEATH WAS CAUSED BY: INTERVAL BETWEE signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (a) DUF TO burial, Conditions, if any, which gave rise to immediate cause (o). DUE TO far use as the b Health priar to b stoting the underlying couse Page 4 may be retained by the haspital ar attending this certificate has been last for use as WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO, THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) CERTIFICATION NO 2Do ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 1B.) be detached for State Dept. of H (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 2Dd INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. factory, street, affice blda., etc.) Nat While of work at work O FUNERAL DIRECTOR: After 21. I certify that (i) (this haspital) attended the deceased from 3 should 1 with the S 19 & G and that death accurred at 1545M, from causes and an the date stated above. Decsaw the deceased alive an-22o. SIGNATURE 22b DATE SIGNED director, page 3 shauld be filed v M.D. PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type 23o. BURIAL CREMATION DATE THEREOF 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) 1-10-67 MT. HEBRON CEMETERY WINCHESTER VIRGINIA ADDRESS 25g. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 JONES FUNERAL HOME WINCHESTER, UA.

MARYLAND STATE DEPARTMENT OF HEALTH



	01428	CERTIFICATE O	F DEATH	01425
	1. PLACE OF DEATH e. COUNTY	2. 1	USUAL RESIDENCE (Where dece	esed lived, If institution: Residence bef
1	WASHINGTON	MARYLAND	MARYLAND	MONTGOMER
ı	b. CITY OR TOWN (if outside corporate limits, write RURAL and give necess town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpore	le limits, write RURAL and give neeres
_	HAGERSTOWN  d. NAME OF HOSPITAL OR INSTITUTION (IF not i	1 YEAR	HYATTSVIL	
	• • • • • • • • • • • • • • • • • • • •		d. STREET ADDRESS	
	WESTERN MARYLAND HO		2620 KIRK	NOOD_PLACE YES
ı	DECEASED (Type or print)	ETT & JEDEH	SYPULT OF DEATH	1 - 7
ı	5. SEX 6. COLOR OR LACE 7. M	ARRIED NEVER MARRIED 8. DAT	-1/4//	GE (In yours   IF UNDER I YEAR   IF UN
ı	11/10 11/1	OWED X DIVORCED 7	25-94	osl birthdey) Months Deys Hou
ı	10e. USUAL OCCUPATION (Give Kind of work done during most of working life, even if retired)	Ob. KIND OF BUSINESS OR INDUSTRY	BIRTHPLACE (County & Stele, or for	country) 12. CITIZEN OF WH
Ì	TRUCK DRIVE T	AKOMA MOVERS CO.	PENNSYLVANIA "	U.S.A.
	13. FATHER'S NAME	14.	MOTHER'S MAIDEN NAME	
	JAKE SYPULT		BETTY_GIRARD	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Ifyesgivewerordelesofservice)			Adda 2620 KIRKWOOL
	18. CAUSE OF DEATH [Enter only one couse	579-16-0088 MRS. N	MILDRED STOGNER, 1	HYATTSVILLE, MD.
ı	PART I. DEATH WAS CAUSED BY:	106.100	Meumoni	INTERVAL ONSET A
	IMMEDIATE CAUSE (e)	Lovarur 1	- Herein on	4
	Conditions, if any, which (b)	Carcinom	al of Es	A) hance A
	gave rise to immediate cause	0 - 0.0 00 77 0 000		poury us -
1	(e), steting the underlying DUE 10 (c)			
l	PART II OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(e) 19. WA
I	PART II OTHER SIGNIFICANT CONDITIONS CORMANY	1 Occusion	2	YES J
ı	200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH OF LITTLE CONTRIBUTING CAUSE OF DEATH OF LITTLE CONTRIBUTION OF CO	. DESCRIBE HOW INJURY OCCURRED. (Ent	ter nature of injury in Part I or Part II o	filem 18.)
ı				
I	Hour e.m.	WhileNot While fectory, str	INJURY (Home, ferm,   2Df. (City or reet, office bldg., etc.)	iown) (County)
l		t work et work	- 2	100.12
		Itended the deceased from	1966 10	
	saw the deceased alive on	19 (2), and that death	h occurred at 574M, from the	ne kauses and on the date sta
1	Strudel	Great M.D.	ATTENDING MED. PHYS.	STAFF PHYS. I
	22c PHYSICIAN'S		22d. ADDRESS	7,
			I Fish Was	
	NAME (Type) HRTUR	OURIEGO	1500 soma Ce	ve Hogerslown
	NAME (Type) HRT AR 23e, BURIAL, CREMATION, 23b, DATE THEREOF	23c. NAME OF CEMETERY OF CR		on (City, town by county)
	NAME (Type)  HRTAR  23e. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)  BURIAL  JAN. 23 16'	7 FBG. MEMORIAL PAR	REMATORY 23d. LOCATION FROST	BURG, MD.
	NAME (Type)  HR  A  23e, BURIAL, CREMATION 23b, DATE THEREOF REMOVAL (Specify)		REMATORY 23d. LOCATI	BURG, MD.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, PRESTON STREET, BALTIMORE, MARYLAND 21201-9 Film G354 Item MEDICAL EXAMINER'S CERTIFICATE OF DEATH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a COUNTY 40 death. MARYLAND (If outside corporate limits, c. LENGTH OF STAY IN 1b. c. CITY-OR TOWN It outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town)
Has ERStown d NAME OF HOSP TALL OR INSTITUT ON (if not in hospital give street address) IS RES DENCE ON A FARM? d STREET ADDRESS Examiner's Office alang with farm with the State D YES orn bar is 3. NAME OF DECEASED OF (Type or print) DEATH 19 6 9. AGE (In years last birthday) S. SEX IF LINDER 24 H 6. COLOR OR RACE B. DATE OF BIRTH ARRIED Days Ho.irs **DIVORCED** ges land 2 IDO LSLAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 OTIZEN OF WHAT during most of working life, even if retired) pencil 13 FATHER S NAME CICAL EXAMINER: This certificate should be executed within ROSS 917 and 17. INFORMANT Address permit. (Yes, no, or unknown) (If yes give war or dates of service 4 shauld be farwarded to the Chief Medical remayal, homas - Maizion CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c) PART I. DEATH WAS CAUSED BY **burial-transit** ONSET AND DEATH IMMEDIATE CAUSE (o) used as a burial-tra burial, cremation, please execute the certificate, writing the ward DHE TO Canditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying couse 19 WAS AUTOPS) PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO designated agent, prior ta 2Do EXTERNAL CAUSE WAS PRIMARY DOOR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 1 of item 18) 5 may be retained far your files.

O FUNERAL DIRECTOR: Page 3 shauld 2De PLACE OF INJURY (Home form. (City or fown) (County) (State) 20c TIME OF NIJRY Month, Day, Year inctory street office bldg, etc.) Hour om Not While of work Inquity 21. I certify that I taak charge of the remains described above, held an Autopsy inspect an and in my apinian death resulted fram: Natural causes Accident Suicide Hamicide Undefermined manner CHIEF MEDICAL EXAMINER TO DEPUTY ME ACTUAL SIGNATURE Б **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) the NAME OF CEMETERY OR CREMATORY 230 BUR AL CREMATION 23h DATE THEREOF REMOVAL (Spelify) 25b. REGISTRAR S SIGNATUR VR A15ME (5) DATE JAN 6M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01430 CERTIFICATE OF DEATH ian and campletely filled in by the funeral tase remove carbon papers. Pages I and 2 havin any event within 72 havis after death requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY o. STATE b county Washington Washington MARYLAND c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate imits. c LENGTH OF STAY IN 1b write RURAL and give represt town) 21 yes Clearspring learspring d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 228 Main St 228 Main St. NO X 3 NAME OF Middle Last Year DECEASED Troxell DEATH (Type or print) S. SEX 6 COLOR OR RACE 8 DATE OF BIRTH AGE NEVER MARRIED (ast berthdoy) Dovs Hours Male Dec. 9.1908 WIDOWED DIVORCED 11 BIRTHPLACE (County & State, or foreign country) 100 SUAL OCCUPATION (Give kind of work done 10b KIND OF 8LSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY Funkstown, md. 13 FATHER'S NAME William Richard Troxell Etta Mae Grench IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) Mrs. W. E. Droxell 228 Main St. Clearspring. Md. INTERVAL BETWEEN ONSET AND DEATH 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY burial-transit IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying couse Page 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPS PERFORMED? for use NO X YES 20o. ACCIDENT WAS UNDERLYING [ 205, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20e. PLACE OF INJURY (Home, form, (Stote) 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED (County) foctory, street, office bldg., etc.) Not While 2). I certify that (1) (this haspital) attended the deceased fram. , 19<u>46</u>, to 19 6 and that death accurred at \_M, fram causes and an the date stated above saw the deceased alive an... 22o SIGNATURE 22b. DATE SIGNED 7 MED. DIRECTOR ATTENDING 22d. ADDRESS 22c PHYSICIAN'S 115 S. Prospect St., Hagerstown, Md. NAME (Type) Edson B. Moody, M.D. director, BURIAL, CREMATION, REMOVAL (Specify) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) St. Paul's Washington, Md. St. Paul's Church Cemetery VR A15 (4) 20 M 1/66 Rest Haven Funeral Chapel Hagerstown, Md. DATE

MARYLAND STATE DEPARTMENT OF HEALTH



	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTO  CERTIFICATE OF DEATI  CERTIFICATE OF DEATI		
urs after death.	PLACE OF DEATH a. COUNTY  Washington  b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	NCE (Where deceased lived, If Institution: Residence before admission of the composition	
72 ho	Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS FOR Pennsylvania Ave.  657 Penn	e. Is resident on a farm	NCE V?
[ L	NAME OF First Middle Last DECEASED (Type or print) Catherine M Tyler	4. DATE Month Oay Year OF DEATH January 4 1967	
10 di	ring most of working life, even if retired)   INDUSTRY   Domestic   Housework   Washing	county & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? tonCo. Maryland USA	HKS
		Pierce 657 Perros Ave.	
urial, cremation of	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes give war or dates of service) 215-18-1978 Mrs. John H.  18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Rupture of aneurysm of abdoming the course of an entry smooth abdoming the course of a province of an entry smooth abdoming the course of a province of a pro	all Hagerstown, Md.  INTERVAL BETWEE ONSET AND DEAT few minutes	
× (,	Conditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last.  DUE TO  (b) Atherosclerosis of abdominal and the cause (a), stating the underlying cause last.	aorta 18 months (certain	PSY
CERTIFICATION	Pneumonitis; enteritis  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of or contributing   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	YES NO	_
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, f factory, street, office bldg., f p.m. 19 at work at work	farm, 20f. (City or town) (County) (State	e)
	21. I certify that (I) (this-hospital) attended the deceased from Dec. 27 , 1 saw the deceased alive on December 30 19.66 , and that death occurred at 22a. SIGNATURE  M.D. ATTENDING M.D. PHYS. ADDRESS 22d. ADDRESS	MED. STAFF January 4, 190	ove
	Burial Cremation. 23b. Oate thereof 23c. Name of Cemetery or Crematory Burial Specify) Jan. 7,1967 Riverview Cemetery	23d. LOCATION (City, town or county) (State) Williamsport, Marylan EC'D BY REGISTRAR, 25b. REGISTRAR'S SIGNATURE	_

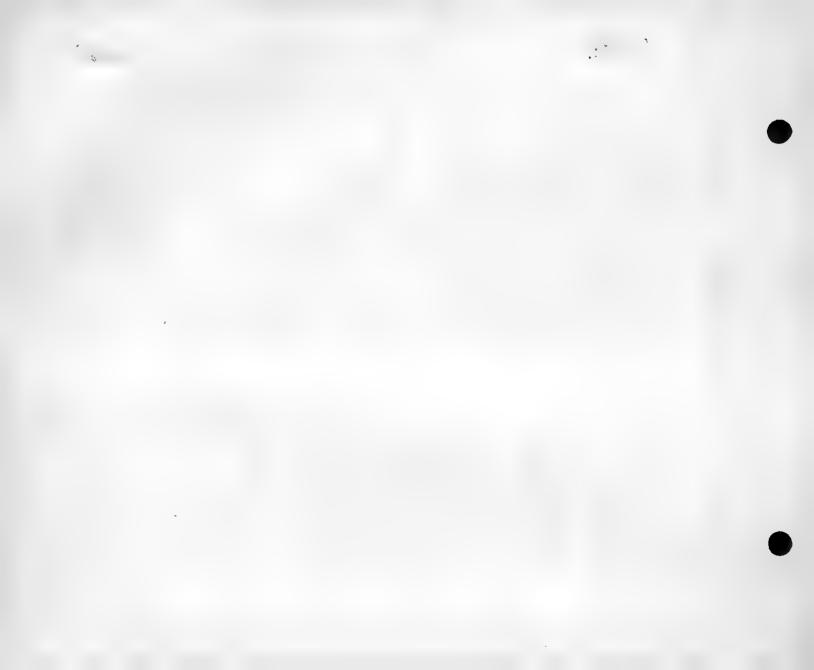


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01429 CERTIFICATE OF DEATH 01432 funeral I and 2 ter death. The law requires that the death certificate be executed within 24 hours after death. 2 USUAL RESIDENCE (Where deceased lived, if institut on Residence before admission) 1. PLACE OF DEATH a COUNTY Mashington completely filled in by the fur MARYLAND Maryland Washington c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits c LENGTH OF STAY IN 15 write RURAL and give nearest town Rrd. carban papers. Pag ent, within 72 haurs 10 Yrs. Rural Hagerstown Rfd. 6 d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) A STREET ADDRESS e IS RESIDENCE ON A FARM? Salem Church Rd. YES [ NOT Salem Church Rd 3. NAME OF Middle 4 DATE Month First DECEASED 67 8, Russell Valentine January 19 Theodore (Type or print) DEATH 9. AGE (In years IF UNDER 1 YEAR 1 IF UNDER 24 HRS B. DATE OF BIRTH 6 COLOR OR RACE 7. MARRIED **NEVER MARRIED** last birthdoy) Months Days Hours DIVORCED Dec. 14, 1910 WIDOWED Male Maite 12. CITIZEN OF WHAT 10g JSUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) during most of warking life, even if retired)
Carpenter COUNTRY? INDUSTRY Mt, Lena, Maryland U. S. A. Construction 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Mary Reese Leslie H. Valentine 1S WAS DECEASED EVER IN J.S. ARMED FORCES?
(Yes, no. ar unknawn) (11 yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address Rfd. 6, Md. Mrs. Catherine M. Valentine, Hagerstown 217-10-2909 INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: Ecco- Carculouna IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate cause (a), DUE TO stating the underlying couse attending TO FUNERAL DIRECTOR: After this certificate has been as the WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) far use NO F the haspital ar 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (state) 20c TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Hour o.m. Not While at work LL of work 21. I certify that (1) (this haspital) attended the deceased fram June 21, 1906, ta 1-8-, 1967, that (1) (we) last be retained shauld 19 67, and that death occurred at  $\rightarrow P$  M, fram causes and an the date stated above saw the deceased alive an\_ 22b. DATE SIGNED 22o. SIGNATURE ATTENDING MED. director, page 3 should be filed v M.D. 22d. ADDRESS 22c. PHYSICIAN'S SECO NDARI 500 NSBERO SZOL NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) (County) 23o. BURIAL, CREMATION, REMOVAL (Specify) 1- 11- 67 Rose Hill Cemetery Hagerstown. Md. 2So. REC D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Charles VR A15 (4) 20 M 1/66 John H. Bast, Jr. 112 N. Main St. Boonsboro, Md. DATE JAN



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01433 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours ofter death death 망 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) Washington Washington Marvland MARYLAND b CITY OR TOWN (If outside carparate limits, write RURAL and give necrest town)
Hagerstown c LENGTH OF STAY IN 1b c CITY OR TOWN (II outside carparate limits, write RURAL and give nearest tawn) 8 Hrs Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS lease remove corbon papers. and in any event, within 72 h IS RESIDENCE ON A FARM? filled Washington County Hospital 424 No Locust St NO. NAME OF First Middle 4. DATE Manth DECEASED LYNN VAUGHN SHERRY Jany 22 1967 (Type or print) DEATH 19 S SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRTH lest birthday) White Female Jany 21 1966 WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work dane during mast of working life, even if retired) 11. BIRTHPLACE (County & State, or logeign country) 12. CITIZEN OF WHAT Hagerstown W sh Co 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME Thomas Lee Vaughn Barbara J. Beaver WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address 16. SOCIAL SECURITY NO (Yes, no, ar unknown) (If yes give wor or dotes of service) Thomas L. Vaughn 424 No Locust St None Nο Hagerstown signed by the c burial-tronsit p 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital or attending physician. DUE TO Conditions, if any, which gave (b) rise to immediate cause (a), DUE TO stoting the underlying couse director, page 3 should be detached far use as the should be filed with the State Dept. of Health prior to 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) YES P NO 20a. ACCIDENT WAS JNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Manth, Day, Year 20e, PLACE OF INJURY (Hame, form, (City or town) (County) (State) Hour o.m. fuctory, street, office bldg., etc.) TO FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deseased fram\_ 22 1967, and that death accurred at 10:49M, fram causes and an the date stated above. saw the deceased alive an. 22a. SIGNATURE 22b. DATE SIGNED 1-23-67 DIRECTOR Zed ADDRESS Kearle , M. D. Hagerstown, Md. NAME (Type) 580 Northern Avenue; Robert F 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o. BURIAL, CREMATION. 23b. DATE THEREOF Gedar Lawn Mem Gardens Hagerstown Wash Co. Md

Md. ADDRESS Funersl Home Inc



VR #15 (4) 20M 1/65

			MARYLAND S	TATE DEP	ARTMI	ENT OF I	HEALTH			
	DIVISION OF	STATISTICAL	RESEARCH AND	D RECORDS,	301 W.	PRESTON	STREET,	BALTIMORE	1, MARYI	AND
1	11434		CER	TIFICATE	OF I	DEATH				

_	01434			CERTIFICA	IE UF DEA	IH		01433	
1,	PLACE DF DEATH	1			2. USUAL RESI	DENCE (Whe	re deceased lived, If i		e before admission)
		shington		MARYLAND	a. STATE	aryla	ınd b. coi	Washi	ngton
-		N (If outside corpora and give nearest toy		c. LENCTH OF STAY IN 15			corporate limits, v	vrite RURAL and gi	ve nearest town)
	H ger		m)	3 weeks	nura Boo	nsbor		13	11
-			ON (if not in h	ospital, give street address			RFD #		e. IS RESIDENCE
					Baker				ON A FARM?
1=	NAME DE	gton Coun	rst HO	Pi					YES NO
١,٠	DECEASED	***	rsı	Middle	Last	4. D	F	7 0	
5	(Type or print)	6. COLOR OR RACE	1	Earl	Vickers 8. DATE OF BIRTH			19. 19	
1.		o. COLOR OR RACE	r, manuel				l iast birthday	Months   Days	Hours Min.
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du	ing most of work	ION (Cive kind of working life, even if retire IM Manage	d) 100. K	IND OF BUSINESS OR NDUSTRY	11. BIRTHPLAC	E (County &	State, or foreign count	ry)   12. CITIZEN COUNTR'	V?
			r St	ate	Mary			U.	S.A
13	. FATHER'S NAM	E			14. MOTHER'S	MAIDEN NAN	ΛE		
_		Jilliam		`S	Barbar	a Ell	en Hammo	and	
15 (Y)	. WAS DECEASED I	VER IN U.S. ARMED FO (If yes give war or dates of	RCES?   16.	SOCIAL SECURITY NO. 17	. INFORMANT	41,4 G	uilfordddr	ave.	
1	Yes	World War	#1 2	L8 30 9869A	Mrs. Mau	d · Lu	mm Hige	rstown.	Md.
	18. CAUSE OF	DEATH [ Enter only on	e cause per l	ine for (a), (b), and (c).]	-				ERVAL BETWEEN
	PART I. DE	ATH WAS CAUSED BY IMMEDIATE CAUSE	in Ante	mor Dese	uding (	-000	edus O	closien	IOUUS
	•	DUE		0	1		1		
	Conditions, if		(b) ###	Levo Scla	acrosi S		,		Cyus.
	gave rise to cause (a), st		10						-
	underlying caus	ating the (	(c)						
NO!	PART II. OTHER S	ICNIFICANTCONDITION		ITING TO DEATH BUT NOT RE	LATED TO THE TERMII	VAL DISEASE	CONDITION CIVEN	N PART 1(a)   19.	WAS AUTOPSY
CAT	Copran	11201300	u,o	Yestotic C	aveinou	$_{-}$ $_{-}$	row Ste	ruschy YI	PERFORMED?
CERTIFICATION	20a. ACCIDENT	WAS UNDERLYING	1 20h	DESCRIBE HOW INJURY OC	CURRED. (Enter natu	re of injury			<u></u>
189	OR CUNTRIBUTI	NS CAUSE OF DEA	IH NER)			•	_		
	20c, TIME OF I	NJURY Month, Day,	Year   20d. I	NJURY OCCURRED   20e. PI	ACE OF INJURY (Hon tory, street, office bit	e, farm, 2	Of. (City or town)	(County)	(State)
MEDICAL	Hour a.m		While		tory, street, office bli	g., etc.)			
Σ	p.n			at work	August.	10.58	to Jan 19	10.67	hat (I) (MW last
	21. I certif	ceased alive on	an 19	ed the deceased from_	at death occurred	ot 5 Pa	from the course	and on the dat	tal (1) when task
	22a. SICNATUE	E aseu alive uit	- 4/		at death occurred	<u>a</u>	n, moin the cause	22b. DATE SI	CNED CNED
		YIIII	11-50	1/2	ATTENDING	MED.	OR STAFF PHYS.	Jan 20,	1967
i .	22c. PHYSICA	N'S	1 11-11	W. C.	22d. ADDRES		on [ ] Fills. [	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	NAME (T)	pe) M. E.	Byrkit,	M. D.	Willi	amspor	t, Maryla	nd 21795	
23	BURIAL, CREM	ATION, 23b. DATE	THEREOF	23c. NAME OF CEMETE			LOCATION (City,		(State)
1	REMOVAL (Spe	Jan.	22-67	Bakersvil:			Rakersvi		
	FUNERAL DIRE			ADDRESS	25a.	17 1	REGISTRAR   25b.		~
A	lbert I	. Leaf W:	illiam	sport Md.	DATE	JAN	2 3 1967	Jelianle	. 0
					DATE	ווהש	M N 1001	4	7. 100



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01435 CERTIFICATE OF DEATH 01432 0 within 24 hours after death deoth ician and completely filled in by the funeral lease remove corbon papers. Pages 1 and and in any event, within 72 hours after deat PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY a. STATE. b. COUNTY Maryland Washington Washington MARYLAND b CITY OR TOWN (If autside carparate I mits, write RURAL and give nearest town) c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c LENGTH OF STAY IN 16 Hagerstown Hagerstown years d. NAME OF HOSPITAL OR INSTITUTION (if not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? 2118 Virginia Ave. Washington County Hospitla YES 🗌 NO [ 3. NAME OF pleose remove corbon Middle 4 DATE First Last Manth Day Year DECEASED
(Type or print) 27 67 Louise Waggoner January 19 Anna DEATH The law requires that the death certificate be exercised omna S. SEX 6 COLOR OR RACE 8 DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. 7 MARRIED NEVER MARRIED birthday) 68 last Manths Davs Haurs 4-2-1898 white WIDOWED DIVORCED female signed by the ottending physician ond burial-tronsit permit. Then pleose rem 1Da JSUAL OCCUPATION (Give kind af work dane during most of working life, even if retired)

housewife 1Db KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT **INDUSTRY** COUNTRY? Baltimore, Md. home 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME burial, cremation, or removal, John B. Rosier Myrtle Randolph IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, ar unknawn) (If yes give war ar dates af service Festus C. Waggoner 235-62-07246 Hagerstown, Md. no INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) ottending physicion. DUE TO 146 Conditions, if any, which gave rise ta immediate cause (a), DUE TO has been s se os the t th prior to b stating the underlying cause last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO Z Page 4 may be retained by the hospital or this certificate ्ट 20g. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH director, page 3 should be detached should be filed with the State Dept. of (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept. 20c TIME OF INJURY Month, Day, Year 2Dd INJURY OCCURRED 2De. PLACE OF INJURY (Hame, farm, (City or town) (State) (County) Hour a.m. factory, street, office bldg , etc.) Not White ATTENDING at wark O FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased fram 19 67, and that death accurred at 2 A. M. from causes and an the date stated above. saw the deceased alive an\_ 22a. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR **ATTENDING** M.D. PHYS 22c PHYSICIAN'S NAME (Type) 22d. ADDRESS NOVENSTEIN EUNKSTOWN 23c. NAME OF CEMETERY OR CREMATORY Arlington Nat. 23a. BURIAL, CREMATION CEMPHANS Lecify) 23b. DATE THEREOF 1-31-67 23d LOCATION (City or Town) (County) (State) Cem. 24. FUNERAL DIRECTOR ADDRESS 25g, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 Minnich Funeral Home Hagerstown, Md. DATE FFR





DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution. Residence before admission) PLACE OF DEATH a. COUNTY o. STATE b. COUNTY MARYLAND c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, write c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 19115 . IS RESIDENCE d. NAME OF HOSPITAL (If not in hospital, give street address d. STREET ADDRESS ON A FARM? **QR INSTITUTION** YES 2-190 NAME OF Middle 4. DATE Manth Day OF DEATH (Type or print) anie C 9. AGE (In years FUNDER 1 YEAR IF JNDER 24 HRS 5 SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH lost birthday) Months WIDOWED IZ DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) puo 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT anknow 18. CAUSE OF DEATH [Enter only one couse per ling for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gove rise to immediate **DUE TO** cause (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (County) (State) foctory, street, affice bldg, etc.) Hour a.m. While Nat while at wark 🔲 at work 🔲 p. m. 21. I certify that (I) (this hospital) attended the deceased from (a), and that weath occurred at M. from the causes and an the date stated above sow the deceased olive on. 22Ь. DATE 220. SIGNATURE SIGNED ATTENDING MED DIRECTOR M.D. PHYS 22c PHYSICIAN'S 22d, ADDRESS NAME (Type) 236 DAJE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (Stote) 23a. BURIAL, CREMAT ON. REMOVAL (Specify) YURK Co. 5 HIX014 BURIAL 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 250. REC'D BY REGISTRAR VR A15 (4) 15M Ⅲ/59



- (IVI)	Division of STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND
OR STATE	01438 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01435
ΡT.	1. PLACE OF DEATH 2 USUAL RESIDENCE (Where decreased lived it institution, Residence before admission).
	. COUNTY LLAS HAGTON MARYLAND . STATE CANK LAS
	b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest lown) writer RURAL and give nearest lown)
1	Hugers fown - Green Charte !:
2	d. NAME OF HOSPITAL OR INSTITUTION (if not an hospitel, give street eddress)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
H	CC (13 N) CC. HOSP (10C   10S ) NO X
ł	OF OF
	5. SEX   6. COLOR OR RACE   7. MARRIED     8. DATE OF BIRTH   9. AGE (In years I IF UNDER 3 YEAR I IF UNDER 24 HRS.
	Mark LL MIDOWED DIVORCED 5/3/1922 Lest birthday) Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work down 10b. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (Stele or fereign country)
	Planbing Contractor operator wersh kun, 19. 1 U.S.A.
	taul Winger Lillan Angle.
ı	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) [(Illyesgivewer or deteas of service)]
	Yes a w # 2 711-c7-6332 Mrs. Moniallinger - Green with Pa
	PART I. DEATH WAS CAUSED BY:
	MMEDIATE CAUSE (a)
	1 / 0 DUE TO
	Governse to Immediate cause  DUE TO
	(e), steting the underlying Succession (c)
	3 YES 🗍 NO 🔀
ı	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO CAUSE OF DEATH.  206. DESCRIBE HOW INJURY OCCURRED, [Enter nature of injury in Pert I or Pert II of item 18.]  HIT BY Train of Track  HIT BY Train of Track  HIT BY Train of Track  HIT BY Track  Track  Track  HIT BY Track  Tr
	Hour e.m. While Not While 3 Astory, street, office bldg., etc.)
1	21. I certify that I took charge of the remains described above, held an Autopsy I Inspection V. Inquiry I, and in my opinion
	death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner
	CHIEF MEDICAL EXAMINER [
	ACTUAL SIGNATURE  DATE SIGNED  DATE SIGNED
	DEPUTY MEDICAL EXAMINER \$ 380 MC TWO W HU
ĺ	NAME (Type) HOWA V. WEEKS Address (Street, city, town, or county) HAGE 370 600 MD  220. BUNAL, CREMATION, 220. DATE THEREOF 220. NAME OF CEMETERY OR CREMATORY 220, LOCATION (City, town, or county) (Stete)
	REMOVAL (Specify) 1226. Date interior 226. NAME OF CEMERKY OR CREMATORY 226, LOCATION (CBY, 604), or county) (S1676)
	23. FUNERAL DIRECTOR ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
	CLE, Krunch - R++170-43 He, Fg DATE JAN 4 Wol
-	



Items 15-21 Film 2-9-SMARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01436 01439 FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY o. STATE **b.** COUNTY delay is ond 3 to Page <u>~</u> deoth, Washington Wash. MARYLAND Department b CITY OR TOWN (If outs de carporate limits, C LENGTH OF STAY IN 16 c CITY OR TOWN (if autside carporate limits, write RURAL and give nearest town) puo write RURAL and give negrest fown)
Hagerstown after 20 years Hagerstown d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS S RESIDENCE ON A FARM? hours Office olong with form 1111Virginia Ave. Washington County Hospital YES NO T Item 18 Give Poges ate 24 hours ofter death 3 NAME OF 4 DATE First Middle Lost Month Day Year DECEASED HARRY the the REED WIREMAN 8, 19 67 January within (Type or print) DEATH 9 AGE 1 years IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH thiday) Months Hours March 2, 1920 male white WIDOWED DIVORCED event and 2 11 BIRTHPLACE (State or foreig country) 12 CT ZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR during mast of working life, even if retired)

packer **NDUSTRY** cement mfg. Maddensville, Pa. Examiner's pentil i 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME be executed within Harry Wireman Martha Locke 17 INFORMANT Address IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOC A. SECURITY NO (Yes, no, ar unknown) (If yes give war or dates of service) 173-14-1077 or removal Mrs. Edith Wireman, Hagerstown, Md. 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)) Convulsive disorier with hypertherm buset and death PART I DEATH WAS CAUSED BY (Non-e ileptic IMMEDIATE CAUSE (o) This certificate should s a burial-tro cremotion, o Fatty metamor, hosis of liver, roderately advanced writing the word DUE TO Conditions, if only, which gove rise to immediate couse (a) Fracture of left tibia and fibula 2 days DUE TO stating the underlying cause Aspiration of gastric fluid into tracheobronchial tree S burial, PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? (c)(probably terminal) YES 😾 please execute the certificate, NO agent, prior to 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) 20a EXTERNAL CAUSE WAS PR MARY I or CONTRIBUTING [2] should Exact time and how not known. Fell on three occasion CAUSE OF DEATH 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) 20c. T-ME OF INJURY Month, Day, Year While Not While E Parkers street, affice bidge etc RR FUNERAL DIRECTOR: Poge 1967 car Hagerstown Wash Md. Heolth or its designoted 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection [ ] nauiry | ond in my opinion be retorned for Undetermined manner x the funeral director. death resulted from: Natural couses Accident . Surcide . Homicide 🗍 CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 1-10-67 DEPUTY MEDICAL EXAMINER TX **EXAMINER'S** moy Address (Street, city, town, or county) Hagerstown. Md. NAME (Type) E. W. Ditto. Jr. 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) 23a BURIAL, CREMATION 0 burial (Specify) 1-11-67 Hagerstown Md
REGISTRAR 25b REG STRAR S SIGNATURE Cedar Lawn Mem. Park 2So. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR Charles VR A15ME (\$)") DATE JAN 1967 Minnich Funeral Home, Hagerstown, Md.



DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND 01440 CERTIFICATE OF DEATH I director, filed with M 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY Washington MARYLAND Washington Maryland eral be fi b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give neorest tawn) Hagerstown 10 yrs. Hagerstown d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. 15 RESIDENCE ON A FARM? Western Maryland State Hopsital 34 N. Locust St. YES NO NO Ξ. NAME OF 4. DATE Middle Month Day Year DECEASED ers. Pages after death. (Type ar print) DEATH 196 IF UNDER IF UNDER 24 HR S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years YEAR Months Days Hours DIVORCED WIDOWED | papers comple 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State ar foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Fort Frederick Md. Nurse Practical. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME requires that the death certificate Daniel W. Pitsnoale Catherine Virginia Weaver 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT No John St. Hagerstown Md. Mrs-Alpha Cushwa 128 300-16-1928 ottend 1B. CAUSE OF DEATH [Enter only one cause por The for (o), (b), and (s). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Canditions, if any, which permit gave rise to immediate **DUE TO** couse (a), stating the underlying cause last. **burial-transit** PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not while at work at work p. m. 21. I certify that (1) (this haspital) attended the deceased fram. 34M, from the causes and an the date stated above. saw the deceased alive an and that death/accurred a) 22a. SIGNATURE GNED ATTENDING MED. M.D. PHYS FUNERAL DIRE Board 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) page 3 the State 23b. DATE THEREOF 23g. BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City Town, or county (State) REMOVAL (Specify) Rest Haven Cemeteru Burial 24. FUNERAL DIRECTOR'S SIGNATUR 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Hagerstown Md 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 01441 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 01438 HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Washington Maryland Washington MARYLAND b. CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and write RURAL and give nearest town)

Hagerstown 37 yrs dogeratown d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE Office alang with farm 1601 Pennsylvania Ave. 428 Carrollton Ave. Item 18. Give Pages YES NO NO haurs after death. 3. NAME OF DATE DECEASED Earl Zeigler 1967 anuaru within (Type or print) 9. AGE (In years IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 8 DATE OF BIRTH IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED birthdoy Months Hours White Male WIDOWED DIVORCED May 14, 1900 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT INDUSTRY Cemetery during most of working life, even if retired) Near Emmitsburg. d "pending" in pencil in Chief Medical Examiner's 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM should be executed within Margaret Alice Reese
17. INFORMANT
C.D. Reesman 204 High St. Hagerstown, Md. David Henry Reesman pup 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, grunknown) (If yes give wor or dotes of service) ar remayal. 161-12-4985 John Zeigler 428 Carrollton Ave. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per fine for (a), (b), and (c),) burial-transit SNSFOAMENATH PART I DEATH WAS CAUSED BY: Coronary occlusion IMMEDIATE (AUSE (o) writing the word cremation, DUF TO Conditions, if any, which gove arteriosclerotic heart disease rise to immediate couse (a), DUE TO certificate 0 stoting the underlying couse used as burial, a 19. WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? NO X 20o. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) agent, priar EXAMINER: CAUSE OF DEATH. 20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, (City or town) (County) (State) factory, street, office bldg., etc.) Not While of work 21. I certify that I took charge of the remains described above, held on Autopsy Inspection | Inquiry | ond in my opinion death resulted from: Natural couses X. Accident Suicide | Homicide | Undetermined monner 1/6/67 CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER Kx 580 Northern Ave. 50 **EXAMINER'S** Howard N. Weeks, M.D. Address (Street, city, town, or county) Hagerstown, Md. 5 may 10 FUNE Health NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION. 23d. LOCATION (City or Town) (Stote) REMOVAL (Specify) Md Washington Rest Haven Cemetery Hagerstown 2So. REC'D BY REGISTRAR Milanlas VR A15ME (5) Rest Haven Funeral Chapel Hagerstown, Md.

Item 3 Film G384 1/11/67 mh

This letter explains that Earl O. Zeigler was born Percy Oliver Reesman and changed his name when he came to Hagerstown in 1929.

FEGILO

ALE THE PERSON

services between